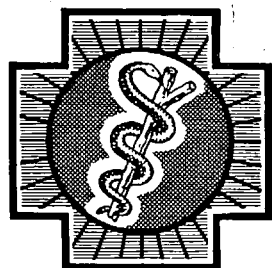


# Bulletin



Vol. XV—No. 1

JANUARY, 1945

## *Program*

JANUARY 9

Medical Arts Auditorium — 8:15 p. m.

Intervertebral Disc..... Drs. R. Brown and F. Rigos

OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY

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1944-1945

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## Editorial

The subject of prepaid medical care may be one that some of us choose to ignore and many of us would like to ignore but which the public apparently will not let us ignore. Gov. Warren has very recently announced his favoring a state-wide plan for a large section of California, the details to be considered at the coming legislative session. That we may know what is probably the chief reason for this action the Bulletin is printing the following information report:

SAN FRANCISCO—The public demand for socialized medicine is so strong in California, and probably in the United States as a whole, that it is useless for the doctors to fight it, says a survey sponsored by the doctors themselves.

Socialization is inevitable, the survey reports, unless the doctors establish a system which will give everybody as good or better medical care, for a small monthly fee, than could be expected under a government setup.

The survey was bought, paid for, and published by the California Medical Association in an effort to find out what is wrong with the present medical system.

### 24 EXPERTS UTILIZED

Twenty-four public opinion experts were utilized. They interviewed 5,090 Californians. They asserted that their survey could be counted upon as being accurate to within one per cent, and that it probably reflected public opinion not only in California but in the country as a whole.

The survey was undertaken after a long period of searching by the doctors of the state for a solution to the problem of medical care for everyone without changing the structure of medical practice.

Five years ago the leadership of the California Medical Association organized a pre-payment medical care plan, the California Physicians Service, which was described widely as the first large-scale attempt by the profession to combat the rising threat of socialized medicine.

Under the Physicians Service, subscribers get certain medical care for a small monthly fee, but the extent of service is limited and it has only about 100,000 members. The public opinion experts said any such plan in California should have between 3,000,000 and 5,000,000 members to be successful.

### LACKS DOCTOR SUPPORT

A recent statement of the Medical Association said flatly that the Physicians Service had

ferred from "sabotage" and that many California physicians had failed to support it.

Meanwhile three other accredited agencies furnishing hospital insurance—not medical insurance—on a monthly fee basis and paying benefits at sums varying according to the nature of the illness. In case of hospitalization the insured person receives a specified amount of money which he can pay to the hospital, his doctor, or may spend in any other way he chooses.

The troubles of the Physicians Service are not the only ones burdening California doctors. In 1942 the CMA sponsored a proposed law which would have required all practitioners of the healing arts to have training in anatomy, physiology, biochemistry, bacteriology and pathology, the basic sciences of the medical profession. Opponents of the measure denounced it as a move to establish a medical dictatorship. It was snowed under 2 to 1.

The California Medical Association leadership began to wonder what the public thought of the medical profession. So it employed a group of public opinion experts.

#### SYNOPSIS OF REPORT

Their official published report, as interpreted by John R. Little, one of their number, gave these results:

1. Although 88 per cent of the people believe the majority of doctors are doing a good job, only 35 per cent are in favor of the present medical system. Only 34 per cent of the public are against federalized medicine.
2. Fifty per cent of the people are definitely in favor of socialized medicine. Sixteen per cent haven't made up their minds but most of these probably would choose socialization rather than private practice.
3. Even people in the highest income brackets show "phenomenal" percentages for a federal system. The top income group representing 280,000 Californians is 36 per cent for it. The lowest income class, embracing 1,050,000 people is 56 per cent favorable. The middle groups also give a majority.
4. Men are stronger for socialization than women—54 to 46.
5. Among 36 per cent who consider doctors dishonest, more than one-third think the dishonesty lies in the way they charge. Another 36 per cent think they prescribe too many unnecessary treatments.
6. Cost is virtually the whole reason why most of the people want socialized medicine. Among this 50 per cent, 42 per cent later said they would rather have a prepayment plan if they could get it. That means, Little reported,

that what they really want is what they think socialized medicine will give them, rather than socialization for its own sake.

The experts advised that the 34 per cent who favor the present system, plus the 42 per cent of the 50 per cent who favor socialization but would take instead an acceptable prepayment plan constitute a majority in the state, and that if this majority were satisfied, the demand for federalization would subside.

On that basis the Medical Association has undertaken to unify the profession behind one over-all plan and has taken steps to revamp the CPS in an attempt to make it satisfactory on all sides.

#### AMA'S COMMENT

Commenting on the California report the Journal of the American Medical Association said:

"If there were but one way in which the people could secure a high quality of medical service at a low cost, the problem of the medical profession would be exceedingly simple at this time. There are however many different approaches to this problem.

"The most important fact that comes out of Mr. Little's survey is that the people of California were not satisfied with the California Physicians' Service up to the time of his survey and that changes seemed to be necessary to satisfy the people. Whether these changes when made will be satisfactory will remain, of course, for time and the California Medical Association to determine."

### Of Interest to Each Doctor

Dear Dr. Hopkins:

Following our conversation of a few days ago, I am furnishing you with some additional information regarding questions that frequently come up when doctors are requested by their patients to certify to an essential need for telephone service.

We have hesitated to take the time of physicians and surgeons in individual contacts or to ask for an opportunity to present our problems at your Association meetings. We appreciate the difficulties and the pressure that all doctors are under in these times, and we wish it were possible that they did not have to be burdened with questions as to requirements for telephones and other shortage items. I believe, however, that doctors in general would like to know more about a situation with which they are frequently confronted, and perhaps you could do them a

(Continued on Page 19)

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## The Rh Factor

During the last four or five years a rather voluminous literature has grown up regarding a previously unidentified agent, found in the red blood cells of about 85% of humans, known as the Rh factor, so called because it appears to be present in the blood of all Rhesus monkeys.

Knowledge concerning this Rh factor is of extreme importance, in relation to blood transfusion reactions, to erythroblastosis fetalis and to certain complications of pregnancy.

Your medical library offers the following references for the use of those interested:

Erythroblastosis fetalis, D. A. Nickerson; *New England Journal of Medicine*, 229:863;867, December 2, 1943.

The Rh Factor, I. Davidsohn; *Medical Clinics of North America*, 28:232;253, January, 1944.

The Rh Factor, F. A. Langley; *Lancet*, 1:145-148, January 29, 1944.

The Rh Factor, H. A. Schwartz; *American Journal of Obstetrics & Gynecology*, 46:827-835, December, 1943.

The Rh Factor in Obstetrics, E. L. Potter; *Medical Clinics of North America*, 28:254-266, January, 1944.

Rhesus Antibody in Rh-positive Mother Causing Hemolytic Disease in the Newborn, A. J. McCall; *Lancet*, 1:214-215, February 12, 1944.

The Rh Factor, T. H. Seldon; *Surgical Clinics of North America*, 24:823-829, August, 1944.

The Rh Factor in Intragroup Hemolytic Transfusion Reactions, R. W. Hammack; *California & Western Medicine*, 61:135-137, September, 1944.

The Importance of the Rh Factor in Mental Deficiency, Herman Yannet; *Bul-*

## In Memoriam

DR. GLENN M. STEELE

Dr. Glenn M. Steele, age 66, died at his home, 3602 North 36th street, on December 4th. Dr. Steele was born in Altoona, Iowa, and did his medical work at the University of Iowa Medical School, later doing post-graduate work at Chicago. He came to Tacoma 34 years ago and during most of that time was associated with his brother, Dr. John F. Steele.

Dr. Steele was an unassuming, dependable type of physician beloved by a host of patients and highly respected by his fellow practitioners who mourn his passing.

L. A. H.

## "Greater Love Hath No Man"

Softly close the tired eyes,  
Gently fold the skillful hands,  
Rest and sleep, oh well-trained brain,  
You have passed from men's demands.

Gone from me a needed strength,  
Gone the quiet thoughtful friend,  
Gone the smile that lessened pain,  
Who shall now my wants attend?

Modest man of medicine,  
In the home front's bitter strife,  
Giving freely of his strength,  
Holding duty more than life.

Mary M. Gibson,  
a patient of Dr. G. M. Steele.

*letin of the New York Academy of Medicine*, 20:512-514, September, 1944.

The Rh Factor in Intragroup Blood Transfusion Reactions, B. C. Butler; *Surgery, Gynecology & Obstetrics*, 78:610-617, June, 1944

Reducing Hazards of the First Two Days of Life, Role of the Rh Factor, E. L. Potter, *Journal of Pediatrics*, 23:486-489, October, 1943.

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Additional Committee Chairmen will be announced later.

The January meeting will be a sandwich luncheon at the home of Mrs. Karl Staatz, 3408 North 29th street, January 11 at 12:30 p. m. Members are asked to bring their own sandwiches.

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# Minutes of the Regular Meeting of The Pierce County Medical Society

December 12, 1944

The regular meeting of the Pierce County Medical Society was held on December 12, 1944, with President Gullikson in the chair.

Minutes of the previous meeting were read and approved.

Mrs. Dagleish spoke to the society regarding adoption, giving a splendid outline of the procedure to be followed in helping to make adjustments in adoptions.

The first paper of the evening was given by Dr. Dayton, on "Diarrhea in Infancy." Dr. Dayton stressed the fact that most diarrheas in infants are due to patient to patient infection, usually through doctors or nurses. He felt that the hospitals were not as well equipped as they should be to prevent such epidemics or even individual cases. The paper was discussed by Drs. Magnussen, Burton Brown and Fargher.

Dr. W. J. Rosenblatt gave a paper on "Bilateral Orchiectomy in Carcinoma of the Prostate." Dr. Rosenblatt reviewed the different treatments that had been used for this condition and stated that in the opinion of several men orchiectomy was the method of choice, although some cases of orchiectomy and stilbestrol gave nearly the same results. The paper was discussed by Drs. Gulligan and B. A. Brown. Dr. Brown did not think their cases with operation had gotten along as well as those with stilbestrol.

A communication was read from the State Medical Association, in regard to the action of the Board of Trustees in approving prepaid hospitalization and medical care for the families of those covered by medical service bureaus.

A communication from Mrs. Stanley W. Staatz, in regard to the proposed establishment of a children's general hospital in Tacoma was read. Dr. Clay also spoke in regard to this and stated that no definite plans had been presented as yet but that a committee was meeting frequently and discussing possibilities.

Motion was made and seconded that the reso-

lutions regarding the death of Dr. Charles McCreery and Dr. C. H. Kinnear as published in the Bulletin be inserted in the minutes.

Dr. B. A. Brown presented the following resolution:

*Be It Resolved* that the Pierce County Medical Society at the regular meeting of December 12, 1944, endorses the administration of Dr. W. N. Keller as Superintendent of the Western State Hospital and that it is our opinion that he is eminently qualified by training and experience to continue in his position and

*Be It Resolved* that we respectfully urge his retention as Superintendent of this important institution, in which we are very much interested.

*Be It Further Resolved* that a copy of this resolution be sent to Governor-Elect Wallgren.

The motion was carried.

There being no further business, the meeting adjourned.

## PLASTIC BUGLES

The Army, Navy, and Marine buglers now have much lighter waker-uppers. In a recent *Chemurgic Digest* we learned that a Chicago plastics firm, the Elmer Mills Corporation, now supplies all-plastic bugles for the armed services.

When a General in Washington asked this company to make them bugles which would be both light and durable to replace the present instruments which were too heavy and cumbersome, the firm replied that they already had them. They are now turning out eight-ounce bugles (compared with the old 20-ounce weight) which are virtually unbreakable, sweeter in tone and a guaranteed waker-upper.

Some 200,000 bugles are scheduled for production this year. Then they hope to work out a plastic salvation for the long-suffering tuba player.

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## Pierce County Doctors in the Armed Forces

EDITOR'S NOTE: In cases where names only appear, addresses are either unknown or withheld for security reasons. Those wishing to write to doctors in the service can in most cases secure correct mailing addresses by calling the medical library.

*Andrews, Lt. H. H.*—Station Complement, Camp Young, Indio, California.

*Baskin, Capt. L. S.*—Metropolitan Airport, San Nuys, California. Twenty-two months in the Aleutians.

*Bowen, Capt. J. W. Jr.*—Esler Field, Alexandria, Louisiana.

*Brooke, Capt. J. R.*—In Germany, weather terrible, cold and wet, men work under most unfavorable conditions.

*Cameron, Major W. G.*—In Italy. Flight Surgeon in a B-24 Liberator group. Has been awarded the Air medal for meritorious achievement in aerial flight. He is also authorized to wear the Distinguished Unit Badge as a member of a heavy bombardment group cited by the War Department for outstanding performance of duty in armed conflict with the enemy.

*Carlson, Capt. C. C.*—A. A. F. Convalescent Hospital, Sec. E, Nashville, Tennessee.

*Dierich, Capt. C.*—Fort Lawton, Seattle. Doing same work he did in private practice—gynecology. Assistant to the chief.

*Drucker, Capt. G. A.*

*Erllich, Capt. A.*—L. A. A. F. Station Hospital, Lincoln, Nebraska.

*Fairbourne, Major E. J.*—Has been overseas a year. He went from Scotland to France three weeks after D-Day. He was working in a tent hospital in Normandy until the middle of November. Since then he has been on detached duty at the front with the field hospital. This only temporary while they are setting up a General Hospital in a new and undisclosed location. The last letter said he had just worked 24 hours without relief.

*Goering, Major Wm.*—Camp Roberts, Calif. Chief of the Orthopedic Section.

*Griffin, Capt. H. F.*—Following Gen. Patton's 3rd Army in France. May be in Germany by now. Ward consists of 40 men—sometimes has three wards under his supervision. Saw Dr. Fairbourne over there.

*Hanser, Lt. Wm.*—Bushnell General Hospital, Brigham City, Utah.

*Harrington, Major B. D.*—A. A. F. Hospital, New Field, Tampa, Florida.

*Hennings, Lt. F. W.*—3047 Division Street, Philadelphia. Was in the Aleutians six months,

now on limited service.

*Humiston, Major H. W.*—Is in the Philippines. Was in Guam for two years. He is in command of one of the units in the Field Hospital.

*James, Capt. F. A.*—School of Aeronautics, Oakland, Cal.

*Joers, Comdr. L. E. C.*—U. S. Naval Hospital, Bremerton. Was in the South Pacific 26 months but has been at Bremerton since May. He is next in line to Chief Surgeon.

*Johnson, Major Fordyce*—A. S. F. Regional Hospital, Pasadena, California. Chief of the nose and throat section.

*Jones, Col. Scott.*

*Kobl, Capt. G. C.*

*Larson, Major C. P.*

*Link, Lieut. Col. R. B.*—Fort Lewis.

*McBride, Capt. G. G.*—Hamilton Field, California.

*McCandless, Lt. C. M.*—U. S. N. R. Stationed in the Islands.

*Maddison, Major Frank*—Camp Callen, San Diego, California. Medicine.

*Meier, Capt. H. H.*—Assami, India.

*Monzingo, Major F. L.*—In service 38 months, 16 months overseas. He was in France, Belgium, Holland and now back in France.

*Nace, Lt. Fay*—Farragut, in main dispensary. Mrs. Nace and son, Roger, live at Couer de Alene.

*Norton, Capt. R. A.*—Wrightwood, Cal.

*Parrott, Capt. M. C.*—Engineering regiment—colored—digging out bombs left by Germans. He has the dispensary—quartered in tents. December 1st they were up in mountains. Been in service two years. Ten months in Italy.

*Pipe, B. J.*

*Read, Major Jess*—With the 7th Army—Gen. Patch. Went from Italy into Southern France—work very heavy.

*Reynolds, C. C.*

*Sames, Major A. A.*—Fort Smith, Arkansas.

*Scheyer, Lt. Carl.*

*Schenckner, Lt. Leo.*

*Sturdevant, Capt. K. H.*—March Field, Riverside, California.

*Wetzler, Capt. R. A.*—Dibble General Hospital, Menlo Park, California.

*Whitaker, Lt. Col. C. W.*—Charge of Base Hospital, New Caledonia.

*Willard, Capt. Don*—410 Condon Street, Dalhart, Texas. Flight surgeon.

(Continued on Page 21)

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## A NEWSY LETTER

The Bulletin is glad to include the following and apologizes for its editorial shortcomings.

Its columns are always open for any letters, observations or information you think would interest our doctors abroad or at home.

Dear Jim:

"Your welcome letter came from somewhere west of Pearl Harbor. I'd say quite a distance west. Frankly speaking, you were too tight with information about yourself but it was good to know you are alive and I'm sure you are doing more than your share.

"I don't blame you for giving our Medical Bulletin hell for their not knowing more personal news of the Tacoma doctors. I'm making a copy of this letter and will ask the editor to put it in the January issue for the other doctors in the service to read. Most of this may be old stuff but it is better than none.

"The doctors here are busy but no one is breaking down under the load although we all wear halos about our heads and feel very self-righteous from our exposure to the comments of our friends telling us what hard, self-sacrificing lives we lead.

"I notice the doctors room at T. G. H. has its usual morning quota of easy chair artists dominating their sage observations. Chris continues to advise universal psychiatric examinations when he is not defending the Swedes against Murphy's derogatory observations. Tom, by the way, is dividing his time between San Francisco and Tacoma. T. G. H. is plenty full and to get surgery when you want it is a constant problem. The scalpel artists are having a real heyday because more people have money and many operations are not undesired.

"The frame houses west of T. G. H. are being torn down and a large nurses home will be built there in '45. I understand Walter Heath's plans for a greatly enlarged hospital center.

"I presume with horse racing at a possible end for the duration, Millard Nelson's ponies will get a good rest. He and Harry Allison used to discuss farm problems but shortly after you

left Harry found farming too strenuous, even for him, and moved into town. Schultz still has his island and I guess Karl Staatz continues to run a farm somewhere—at least I recently heard him cussing the farm labor situation. I also think Archie Howe and Magill are absentee landlords.

"Since you left Burton Brown was voted our assistant and a salary increase to both of which he was certainly entitled. You may have heard of Glenn Steele's recent death. He was a good soldier and bravely met the end of a long illness. Bill Mattson is still finding undulant fever where least expected and his nephew, J. M. Mattson, is keeping busy with internal medicine. Jim thinks the surgeon has too much financial edge over the internes but he enjoys his type of practice and is doing a good job.

"Penney and Read are Tacoma's state medical trustees and are giving a lot of their time trying to get a workable prepaid hospital and family medical coverage plan under way. I really know little about it except that as usual it is difficult for doctors to agree and more difficult for them to remain in agreement for any length of time. I'll try to tell you more about the state set-up if more happens and get ambitious and write to you next month.

"Govnor Teats went back to Mayos a short time ago all primed for a stomach operation but was sent home and advised to lead a more simple life and cut down on the night calls he makes for Leo Hunt.

"I'm not anxious to be as far away as you are but I would like to be going to California with Sidney McLean to spend the month of January. Guess I'm still too young to be entitled to a winter's vacation.

"Best of luck Jim, and when you write tell me a little more about your experiences. There will be plenty of practice waiting for you when you get back.

"As ever,

(Name withheld by request.)

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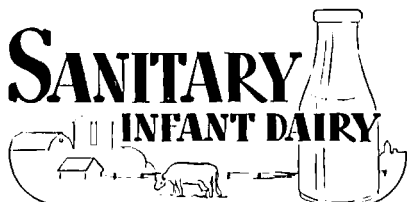


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## PERSONALS

A letter from Dr. Hillis Griffin, Captain, U. S. C., written in November, says: "We came to Normandy in July and have been busy every day since. Most of our setups have been of about two weeks' duration so we've covered a lot of territory. I won't speculate on the number of patients we have had but I saw more patients the first 24 hours of operations than in my fifteen years of practice, or so it seems. My practice, as you know, never ran to traumatic surgery. I can't say the same for my experience here. Our hospital functions very efficiently. I had no idea that enlisted men could learn so quickly and do so much work. Our nurses are excellent but of course we have learned to expect a lot of nurses. The French people have been very nice to us. I am sure it won't be so agreeable in Germany. Instead of throwing flowers at us they will probably throw rocks. I occasionally meet some medics from Seattle but so far none from Tacoma. Greetings to my friends there."

Congratulations to Vernon Crowe, who is now a grandpa.

All good wishes to Esther Lou Herrmann, whose marriage to George W. Steele took place in Seattle recently.

Here's hoping that Newshawk Engels will soon be back on the job. Our personal column has lacked its old time zip since he has been away.

### Saint Joseph's Hospital

The Laboratory Technicians are now housed in a private dwelling. The Sisters of Saint Francis have purchased the former residence of Mrs. Pauline Nish, chief switchboard operator. They have moved the Laboratory Technicians over there, and the girls are delighted with their new home.

### NEW WING OPENED ON THIRD FLOOR SOUTH END

Since moving the Laboratory Technicians into their own home, Saint Joseph's Hospital now has a new wing on the third floor, south. This added space has been greatly needed, and is a welcome addition to the hospital.

### SISTER MARY TURIBIA MOVES TO LANCASTER, PENNSYLVANIA

Many have asked where Sister Mary Turibia was sent, after leaving Saint Joseph's here in Tacoma. She is stationed as Administrator of Saint Joseph's Hospital, Lancaster, Pennsylvania. Her gracious and friendly manner is missed by all. Truly she was and is a woman of great charm — her warm-hearted understanding of people, and her love for people, has endeared her to all. We all send to her our sincere best wishes for a successful administration in Lancaster.

Do you recall in the olden days how you would make one mad rush up to the ambulance entrance, on 19th street? You would clutch madly at your overcoat, draw the collar up around your neck, grab frantically at your hat—and dash in to the hospital—pursued by the wind—and how it did blow you! It took a brave man or woman to make the entrance—and no matter how serene you tried to be, somehow one never made a dignified entrance, except on a clear, calm day.

And the ambulance—what a task it was for the driver to go through the narrow driveway without scraping the sides. And pedestrians would try valiantly to squeeze through.

Now all is different—under the sun porch (the old ambulance entrance) all has been enclosed, with large double doors facing south. The new ambulance entrance is beyond that where a dignified and attractive portico—semi-enclosed (on the south side) with a wide entrance makes it more convenient for the ambulance driver—and protects the patients from chilling drafts. Pedestrians no longer are in danger, as doors open on all sides for them to leave. This new ambulance entrance adds to the building proper and gives it a more friendly appearance.

Liberty has never come from government. Liberty has always come from the subjects of it. The history of liberty is the history of resistance. The history of liberty is a history of limitations of government power, not the increase of it.

—Woodrow Wilson.

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## AN IRREVOCABLE STEP

In summing up the results of an exhaustive study of compulsory health insurance, members of Northwestern University's research staff serve a warning that cannot be ignored:

"One may enter lightly upon a course of action which does not involve any permanent commitment, and one which permits retracing his steps if he later changes his mind. But there are areas of conduct and decision which permit no retracing of steps. There are 'one-way' highways in the affairs of both individuals and nations . . . Most broad social policies lie in this area. They involve heavy commitments. They establish contractual obligations or at least contractual understandings. They create large classes of beneficiaries whose interest will not thereafter be relinquished. It is obvious that any large extension of the scope of social security benefits lies in this area of social policy. It is one from which, once entered upon, there will be no possibility of retracing our steps."

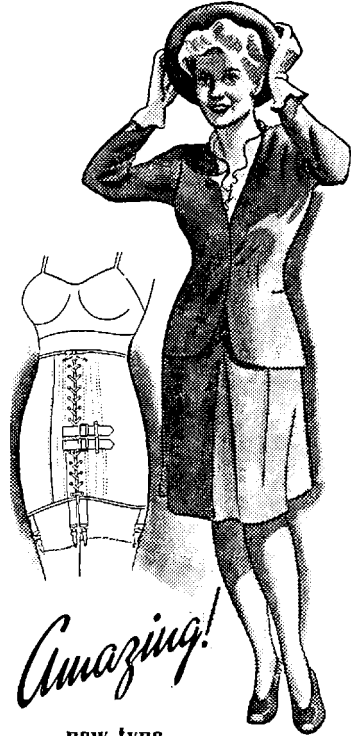
We are spending hundreds of billions of dollars to win a war, that we may retain freedom. The resulting tax burden will test the will and resourcefulness of many generations. If, in addition to the cost of the war, we thoughtlessly add more billions of expenditures in an attempt to buy a socialized Utopia, it might well be the final straw needed to break the financial solvency of the country. In that event, we would have destroyed all hope of security, along with freedom. We would indeed have taken an irrevocable step.

—Exchange.

## Vitamin Advertising and the Mead Johnson Policy

The present spectacle of vitamin advertising running riot in newspapers and magazines and via radio emphasizes the importance of the physician as a controlling agent in the use of vitamin products.

Mead Johnson & Company feel that vitamin therapy, like infant feedings, should be in the hands of the medical profession, and consequently refrain from exploiting vitamins to the public.



*Amazing!*

### new type surgical corset

The new Muller Surgical Corset, two corsets in one, having the features of a surgical support, yet the lines of a style garment. Comfortable to wear, it helps bring relief from pendulous abdomen and many forms of backache due to postural defects. Recommended by physicians.

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## Through The Menstrual Years of Life-

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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### INDICATIONS

Amenorrhoea, dysmenstrua,  
rhea, menorrhagia, metrorrhagia, in obstetrics.

# ERGOAPIOL

..THE PREFERRED UTERINE TONIC..

## Of Interest to Each Doctor

(Continued from Page 3)

service, as well as us, through your publication.

As briefly as possible the situation is this: Government orders have restricted the manufacture of telephone equipment for civilian use, because of the needs of the Armed Forces. Despite whatever advance planning could be done in our industry in preparing for war, since Pearl Harbor our manufacturing abilities have necessarily been devoted almost entirely to meeting the unprecedented requirements of the Army and Navy and war industries, not only for telephone equipment but also for other communications facilities which we are particularly equipped to supply.

We have been able to take care of all needs for telephone service directly involving the war effort and the public welfare, but we are at the present time holding over 5000 other orders for primary service in Tacoma. Many of these are for customers who have had service for many years, many of them are for service in offices or businesses where a man's livelihood and the success of his business or profession is involved, and many of them are cases of illness or of elderly people very much in need of telephone service.

In general, applications for telephone service must take their turns as facilities become available through disconnections or through such little additional equipment as we can get. The War Production Board order having jurisdiction over these matters, does provide for certain preferences and the two conditions in which your profession would be interested are as follows:

1. Emergency cases where a doctor certifies in a letter or note to us that the life or recovery of a patient depends upon having a telephone immediately available. These cases where a patient's life is in jeopardy without a telephone, get first preference and service can be installed at once in Tacoma.
2. Cases, termed Schedule B under the Government order, where a doctor certifies on a regular War Production Board form that:
  - A. There exists a condition of serious illness or pregnancy involving serious complications and that he must be called repeatedly at unpredictable intervals for emergency treatment.
  - B. A person who lives alone and is confined to residence quarters for a protracted period by reason of serious illness or physical disability and that telephone service is essential.

Schedule B cases as outlined above have precedence over all other new residence services but, under the government order, they must take their turn after changes-of-address for existing services and after new installations of business services. They are also to be removed 30 days after the termination of the condition cited above. We have at the present time 54 cases of the schedule B kind in Tacoma that we have been unable to complete without delay, and our present ability to install these types of services, under the precedence specified, varies from several weeks to a number of months.

I believe all doctors can see from the above that it is a serious matter to ask us to place an individual's application ahead of a waiting list varying all the way from a small number of applications to several thousands applications, depending upon the facilities situated in the particular locality. The question is further complicated by the fact that any one of those waiting for telephone service might have an emergency where a telephone is essential for calling a doctor.

We know that physicians and professional men are conscientious in signing certifications regarding requirements for any shortage items. We also know, however, that they cannot have a full appreciation of the telephone situation and how seriously other people who have been waiting for telephones are affected by their decisions. In the case of telephones, for instance, they may not realize that it is necessarily a case of getting all or nothing, rather than a case of getting more than the normal allotment of the scarce item. Every application put ahead of its normal turn, therefore, means that many others are delayed just that much longer in getting any telephone service at all.

As stated before, I wish we did not have to pass this additional burden on to the doctors, but questions are involved that we as laymen cannot judge, and the government order therefore places the responsibility upon your profession before we can place an application of this type ahead of others with prior dates. We appreciate the cooperation we have received from the doctors in this matter and I believe that if this information can be passed on to them that they will also appreciate knowing more about a situation which sometimes subjects them, as well as us, to criticism from those who see their friends or neighbors getting telephone service ahead of themselves.

Very truly yours,  
GEO. W. GAHAN  
Manager

The Pacific Telephone and Telegraph Co.

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We welcome you to our new, modern prescription department. Our prescription service commands the most prominent spot in the center of our new large store. We believe prescriptions are the most important part of our business.

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Tacoma, Washington

## BARS, LEAVES, EAGLES AND STARS

These days when the shoulders of so many doctors are decorated with insignia of varying importance it may be of interest to physicians in and out of the army to revive an old legend as to what those emblems mean. Here is the story:

As soon as it became necessary for one man to assume responsibility over the actions of a group of others, it became necessary for him to rise a bit so as to oversee their movements. So he stepped to a nearby fence and mounted one bar. He was then a lieutenant.

When still more men came under his command he needed a higher vantage point—and took unto himself a second bar.

Still later, to see still better, he climbed higher on the fence—and his shoulder brushed a leaf.

As his responsibilities increased he climbed high up into the tree, raising himself even to the level of the eagle. Only the general, who has thousands to survey, need reach still higher—to the stars!  
—*Pit-mor-i-an.*

### Praeputii Incisio

Dr. Johnson and Hosie please note.

The intern needs no supervision—  
So simple a thing is circumcision;  
Yet I stood by and the babe did cry—  
And went from long to short division.

Though eyes are wet; his bottom damp,  
He cannot from his board decamp;  
(So much abuse for one prepuce—  
Hurry, Doc, remove the clamp!)

No need, indeed, for catgut stitches;  
Give the little man his britches;  
A fellow, after all, needs rest,  
So return him to his Mother's breast!

### Doctors in the Armed Forces

(Continued from Page 11)

*Anderson, Capt. E. R.*—ASFTC, Camp Ellis, Illinois.

*Benson, Capt. J. A.*—Fort Lawton, Seattle....

*Bondo, Lieut. P. E.*

*Bucklin, Lieut. R. V.*—Camp Carson, Colo.

*Flynn, Lieut. Comdr. J. R.*—U. S. Naval Hos-

pital, Sand Point, Washington.

*Halvorsen, Major Clifford.*

*Hurst, Capt. Cecil.*

*Lewis, Comdr. W. E.*—NAS Dispensary, Klamath Falls, Ore.

*Milligan, Lieut. Bruce.*

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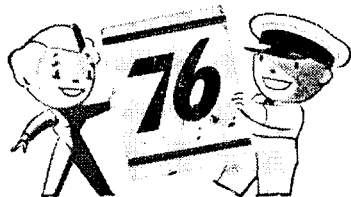


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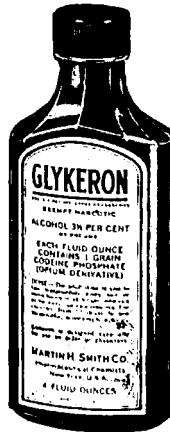
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Gonorrhoea .....	38
Measles .....	5
Mumps .....	97
Scarlet Fever .....	23
Syphilis .....	27
Tuberculosis .....	6
Typhoid Fever .....	1
Whooping Cough .....	4

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—Osler.

Artist: "I'll give you five dollars if you'll let me paint you."

The old mountaineer shifted his tobacco from one cheek to the other and back again.

"It's easy money," said the artist.

"Thar ain't no question 'bout that," the mountaineer replied. "I wuz just a-wonderin' how I'd get the paint off afterwards."

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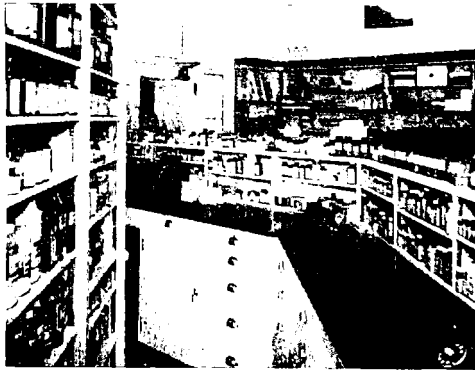
find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

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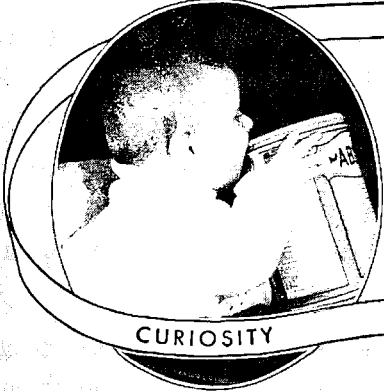
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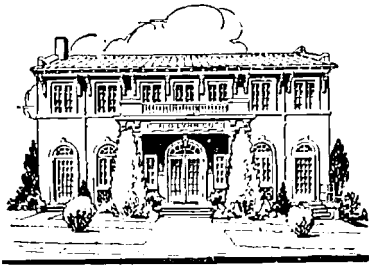


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# Bulletin

Vol. XV—No. 2



FEBRUARY, 1945

## *Program*

FEBRUARY 13

Medical Arts Auditorium — 8:15 p. m.

Influenzal Meningitis . . . . . Dr. C. W. Biedel

A New Use for Red Blood Cells . . . . . Dr. J. L. Vadheim

Present Status of Gastric Carcinoma . . . . Dr. A. H. Buis

*Discussion by Dr. S. F. Herrmann*

**OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY**

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1944-1945

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## The Yellow Line

An early morning Puget Sound fog lay thick in every direction. The nearly impenetrable white barrier defied visibility for more than a few yards and made even cautious travel on the highway a definite hazard. Your eyes are fixed on the pavement looking for one thing—a four inch stripe of yellow paint. You keep it always in mind as you watch it coming out of the white fog just ahead of you. The line may fade or disappear as a heavy wave of white envelopes your car only to show itself a moment later. That line is your necessary and constant companion if you would safely reach your destination.

Did you ever consider what makes up the yellow line with which the successful medical man must travel? Maybe a number of lines are blended into one constant determining guide. During these days the fog of imminent readjustment of medical practice tells the physician to depend on factors more substantial than the large and remunerative practice he is now experiencing. He is only human and so he fears and objects to the impending drastic changes in his accustomed way of living.

Small wonder that he is consciously or unconsciously watching for a yellow line to guide him in his chosen profession. A portion of that line could be the honest endeavor to give the best of our training and ability to those who, more often than we appreciate, put their lives and future happiness in our keeping. A portion could be our interest and friendliness shown to each patient, whether his complaint be mental or physical. It could be an open mind and, as far as our intelligence will allow, an appreciation and a share in the responsibilities of our community, state and nation. Certainly it should include a consistent unity and cooperation among ourselves.

Perhaps these factors could constitute a sizable portion of that yellow line, which in the days ahead will give us dependable

direction; help us preserve the best elements in our chosen work and which will guide us safely through many a mile of future foggy travel.

### The Tacoma Health Bulletin

The December issue of the Tacoma Health Bulletin from the Department of Public Health covers in a very concise and practical manner the subject of respiratory disease control. During this period of increased colds, flu, or la grippe it is of real value to each of us to read the well organized information. The chief factors which contribute to common colds together with the necessary methods of treatment are listed in a very readable manner.

The Bulletin regrets to report that Dr. Edwin D. Warren has made definite arrangements to leave Tacoma and relocate in Santa Monica, California. He has taken his State Board examinations and will move to Santa Monica with his family the latter part of this month.

Ed will leave a large group of lay and professional friends and patients who are very sorry to see him go but who wish him much success and happiness in his new location.

Dr. G. F. Dillon has given up his work at the Tacoma Smelter. We understand he was able to secure a two years residency in Urology at the Newark, N. J., City Hospital.

DURHAM, N. C.—The idea that apparently normal, healthy persons eating the usual American diet would acquire better appetites and more "pep" and energy and gain more weight by taking vitamin pills or supplements is debunked in a report by Dr. Julian M. Ruffin and Dr. David Cayer, of Duke University. Their study was conducted at the request of the Office of the Quartermaster General, U. S. Army, and it was made on a group of 200 persons.

—*Victor News.*

### Physicians Veteran Organization

In the January Bulletin of the Medical Society of the County of Kings, New York, is the following notice:

"The next meeting of the Physicians Veterans Organization of World War II will be held January 11 at the Hotel Diplomat, New York City. All those qualified are invited to attend."

That notice is of interest because it represents the beginning of an organization which in the near future will exert a potent influence on many aspects of medical practice.

### In Memoriam

DR. HIRA C. BAKER, JR.

Doctor Hira C. Baker, Jr., who interned at the Pierce County Hospital January 1, 1943 to January 1, 1944, lost his life recently in the South Pacific when his ship, the destroyer U. S. S. Hull, together with two other destroyers, the U. S. S. Spence and the U. S. S. Monaghan, floundered in a typhoon.

Doctor Baker was born in Garfield, Arkansas, where he grew up. He was a graduate of the University of Arkansas Medical School. He interned here with three others of his classmates. He visited Tacoma on a furlough in November when his ship came to Bremerton.

Doctor Baker was very popular for his kindly spirit and a most pleasing personality. His many friends in Tacoma were saddened to receive the information that he was missing in action. He left a splendid record of good work and achievements behind him and will be remembered as an example of the many similar sacrifices being made by those in our armed forces.

B. A. B.

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## Tacoma General News Notes

Have you noticed the big hole across the street from Tacoma General? It means that the construction of our new Student Residence is definitely under way. The steam shovels and bulldozers are digging dirt and loading trucks almost continually. The hospital hereby extends an invitation to the doctors to become charter members in the "Association of Sidewalk Superintendents" for the duration of the building program.

☆ ☆ ☆

After many years of service in the office of Tacoma General, Florence Darland Boughan is leaving on February 1st. We hate to see Florence go, and will miss her cheery disposition, but hope that she will be happy in her new venture—homemaking on a full-time basis. Best wishes, Florence!

☆ ☆ ☆

After nearly four years as Director of Nursing, Miss Laura L. Lehman has resigned her position. She left Saturday, January 27th, for California, where she plans to spend the winter. Until the new Director of Nurses, arrives, Mrs. Ione LaRue Groff, a T. G. graduate, is helping out in that office. We are glad to have Mrs. Groff back with us.

☆ ☆ ☆

Miss Evelyn Bond, who recently obtained her Bachelor of Science degree at the University of Washington, is our new Assistant Director of Nursing. Miss Bond is one of our graduates.

☆ ☆ ☆

In September, 1912, Mr. S. M. Jackson was elected as President of the Board of Trustees of Tacoma General Hospital. He has served in that capacity continuously since that time. Now, however, he has retired, and plans to devote his time to his personal interests. Mr. Harold S. Woodworth, a Tacoma contractor, has been elected to succeed Mr. Jackson.

☆ ☆ ☆

Dr. Richard Powell, our resident, was successful in passing his State Board examinations last month. Congratulations!

## Do You Know?

THAT the State of Washington is one of a few states providing for aged persons a comprehensive program of medical-dental care based on a free choice of doctors and a fee for service plan?

THAT in Pierce County about seventeen hundred senior citizens receive medical, dental or hospital care each month at an average monthly cost to the state of about \$4.75? These services are apart from and in addition to the monthly assistance grant.

THAT more than fourteen hundred hearing aids have been purchased and are issued on a loan basis to recipients requiring and able to use this type of equipment?

THAT a uniform agreement has been arranged between the seventeen Service Bureaus and the respective County Welfare Departments whereby the Bureaus have been engaged to act as their agents to furnish certain administrative services for which the Bureaus are paid on a case load basis?

THAT there were approximately 145,000 persons aged 65 or over in the State of Washington in 1940 of whom 40 out of every 100 were receiving Old Age Assistance in January, 1943? Had it not been for the tendency of war time employment to hire and retain workers reaching 65 years of age, the percentage receiving Old Age Assistance would now be more than 50 out of every 100.

THAT the average person reaching 65 may today expect to live more than twelve and one-half years? Out of every 100 persons accepted for Old Age Assistance at 65, 80 will be receiving Old Age Assistance five years later; 60 will be receiving Old Age Assistance ten years later; 40 will be receiving Old Assistance fifteen years later and fifteen will be receiving it after twenty years.

THAT the community must be prepared to furnish a wide variety of services throughout a period which may range for as long as from twenty to twenty-five years?

—From the 1942-44 Biennial Report of the Washington State Department of Social Security.

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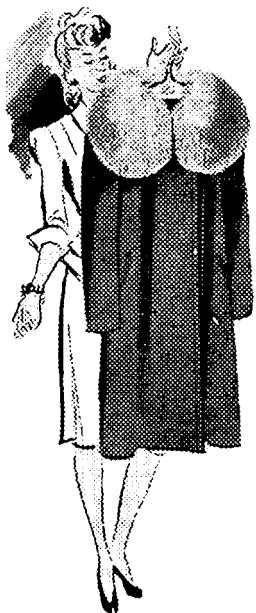
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Social.....	Mrs. Carl S. Staatz
Publicity.....	Mrs. D. H. Johnson
Hygiene.....	Mrs. J. Benjamin Robertson
Telephone.....	Mrs. G. H. Smith

Additional Committee Chairmen will be announced later.

**Silver Tea Held**

Thursday the members of the Medical Auxiliary with their friends gathered at the home of Dr. Edwin Yoder, 102 West Road, for a silver tea from 2 p. m. to 4 p. m., for the benefit of the Pierce County Blood Bank.

The chairman for this event was Mrs. S. S. Sanderson, who was assisted by a com-

mittee consisting of Mrs. Raymond Bennett, Mrs. George Kunz, Mrs. Val Schwind, Mrs. George Moosey and Mrs. Karl S. Staatz.

Mrs. Sanderson presented Mrs. Harry Wade in a group of musical numbers, accompanied by Mrs. Harold Booch who also gave a group of piano selections. After the program the president, Mrs. Miles Parrott, poured at the tea hour, as well as Mrs. Edwin C. Yoder, Mrs. John Steele, Mrs. C. G. Trimble, Mrs. James H. Egan and Mrs. D. M. Dayton.

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## The Facts About Fee Schedules

The January issue of the *Spokane County Medical Bulletin* gives some very timely information regarding the new fee schedules of the Department of Labor and Industries which came to your hands last month. The information comes from the central office of the State Medical Society and should be read by every member of our society.

Reports of Fee Schedule Committees including excerpts from the minutes of the Over-All Fee Schedule Committee and also from the meeting of the State Board of Trustees.

### INDUSTRIAL INSURANCE FEE SCHEDULES

The Committee on Industrial Insurance and Health is appointed by the Board of Trustees of the Washington State Medical Association to serve during its pleasure. It consists of:

Harold E. Nichols, Stimson Bldg., Seattle 1, chairman; James H. Mathews, 1317 Marion St., Seattle 4; I. O. McLemore, 1008 Summit Ave., Seattle 4; R. C. Schaeffer, Medical Arts Bldg., Tacoma, and I. L. Goodnow, Becker Bldg., Aberdeen.

In the early spring this Committee was informed by the Board of Trustees of the State Medical Society that the present fee schedule of the Department of Industrial Insurance and Health was unsatisfactory to the medical profession of the State, and they were instructed to contact the proper officials in that department for the purpose of revising this fee schedule. Many meetings were held, and a great deal of work was done. At the meeting of the Board of Trustees of the State Medical Association on Nov. 19, 1944, the fee schedule was presented in detail to the Trustees and thoroughly discussed.

The following excerpts from the minutes of this meeting follow:

Dr. O'Shea moved that the Board of Trustees adopt the fee schedule as submitted by the Committee. Seconded by Dr. Bittner. Carried.

Dr. Smith moved that the Committee make every effort to have this revised fee schedule put into effect by Jan. 1, 1945. Seconded by Dr. O'Shea. Carried.

Editor's Note: This fee schedule has been submitted to Director Harlan of the Department of Industrial Insurance and has been accepted by him as satisfactory. As soon as it can be printed it will be disseminated to the members of the profession. It represents an average increase in fees of over 30%.

### OVER-ALL FEE SCHEDULE

At the last meeting of the House of Delegates of the Washington State Medical Association the president of the State Society was instructed to appoint a committee to work out an Over-All Fee Schedule which would be a standard schedule representing the average medical and surgical fee to the average patient. This schedule was then to be the basis for all negotiations with tax supported programs, insurance companies, etc. Because of the importance of the activity of this committee the Bulletin is printing in detail the minutes of both meetings which have been held to date.

The Over-All Committee consists of the following:

Harold E. Nichols, chairman; Brien T. King, Lee Powers, Dept. of Health; L. M. Farner, Dept. of Health; H. J. Wyckoff, Herbert E. Coe, Barton E. Peden, Purman Dorman, Frederick B. Exner, A. J. Bowles, R. L. Zech, V. W. Spickard, Seattle; H. E. Rhodehamel, C. A. Veasey, Jr., Spokane; L. L. Goodnow, Aberdeen; J. E. Bittner, Jr., Yakima; J. E. Christensen, Kelso; Wilmot D. Read, Tacoma; John Harrison, Vancouver.

### MINUTES OF FIRST MEETING

The first meeting of the Over-All Fee Schedule Committee was held Saturday, Nov. 18, 1944, 218 Cobb Bldg., Seattle, at 1:30 p. m.

Doctor Nichols called the meeting to order.

Doctor Nichols explained the purpose of this committee is to try and adopt a fee schedule which will be adequate and which will serve as a foundation for any revisions that might be desirable or necessary to cover certain type of work such as Old Age Assistance, Rehabilitation Program and all other tax supported programs.

(Continued on page 17)

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## Your Responsibility

Remember the Kipling of "Road to Mandalay"? Many are the budding baritones who have strained their vocal chords over that one. But Kipling in his more serious moods is a rare treat. It was in 1908 when he addressed the student body of the Middlesex Hospital School of Medicine that Kipling said:

"I have had the good fortune this afternoon of meeting a number of trained men who, in due time, will be drafted into your permanently mobilized army which is always in action, always under fire against Death. Of course, it is a little unfortunate that Death, as the senior practitioner, is always bound to win in the long run, but we noncombatants, we patients console ourselves with the idea that it will be your business to make the best terms you can with Death on our behalf; to see how his attacks can best be delayed or diverted, and when he insists on driving the attack home, to take care that he does it according to the rules of civilized warfare. Every sane human being is agreed that this long-drawn fight for time which we call Life is one of the most important things in the world. It follows, therefore, that you, who control and oversee this fight, and who will reinforce it, must be amongst the most important people in the world. Certainly the world will treat you on that basis . . . It seems to be required of you that you must save others. It is nowhere laid down that you need save yourselves. That is to say, you belong to the privileged classes."

### NOT COMMON MEN

Some 35 years later, in 1943 to be exact, the graduating class of one of our greatest medical schools heard somewhat the same idea expressed by their speaker who said, "From this day on, you can no longer call yourselves common men or women. Tradition, training, and the unique position of the man of medicine in the community have necessarily made the doctor an uncommon

person. Whether you are up to the job or not, you will be asked to assume the position of leading and guiding the common man."

## Defined "Nuts" to Germans

*Nazi Understood Detailed Reply of  
"Go to Hell"*

PARIS—Any haziness the Germans may have had about the exact meaning of the word "Nuts," Brig. Gen. Anthony C. McAuliffe's one-word rejection of their request for the American surrender at Bastogne, was dispelled by an officer of McAuliffe's staff who delivered the reply.

When the officer handed McAuliffe's answer to the German officer waiting just outside the American perimeter of defense, the latter asked:

"Is your commander's reply favorable? If it is, I am empowered to continue negotiations of terms."

"My commander's reply is 'Nuts,'" the American responded.

"What does that mean?" asked the German.

"It means go to hell," replied the American.

That the German understood. He saluted and marched off.

Years ago an American, an Englishman, and a German, visiting an Oriental country, were granted an audience by the local potentate. Addressing the Englishman, he said, "I understand that you are a subject of the King of England." The Englishman bowed and replied, "Yes your Highness, and I am very proud of it." Turning to the German, he said, "And you are a subject of the Kaiser." Clicking his heels and bowing stiffly, the German replied, "Yes, your Highness, and very proud!" Addressing the American, His Highness said, "And you are a subject of the United States of America." Whereupon the American exclaimed, "Subject, hell! I own part of the United States of America."

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## Congressman Proposes Secretary of National Health

Dear Doctor:

I am enclosing a copy of HR-1391 which provides for a secretary of Cabinet rank in a Department of National Health.

There are now in the national government some 32 federal agencies dealing with various phases of health. It is my thought that a Secretary of National Health might bring all of these activities under one umbrella and thus, consolidate and eliminate some of the overlapping activities.

I would be pleased to have your reaction to the bill. I would also like to have any suggestions you might have in perfecting the bill.

Yours very truly,

A. L. MILLER, M. C.

Fourth District, Nebraska

The following are the chief features of the bill:

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* That there is hereby established at the seat of government an executive department to be known as the Department of National Health, at the head of which shall be the Secretary of National Health, who shall be appointed by the President, by and with the advice and consent of the Senate, and shall receive the same salary as the heads of other executive departments. All provisions of existing law which are generally applicable to other executive departments shall apply to the Department of National Health. The Secretary of National Health shall cause a seal of office to be made for the Department, of such device as the President shall approve, and judicial notice shall be taken of such seal.

SEC. 2. (a) It is hereby declared to be the purpose of this Act to bring about, so far as practicable, a centralization in the Department of National Health of all activities of the Federal Government related to health. The President as soon as practicable after the enactment of this Act, shall by Executive order transfer from existing departments, agencies, and offices of the Government, to the Department of National Health, such agencies and functions as he

may determine to be appropriate to carry out the purpose above declared.

SEC. 3. There shall be in the Department of National Health one Assistant Secretary, who shall be appointed by the President, by and with the advice and consent of the Senate, and shall receive a salary at the rate of \$10,000 per annum. Such Assistant Secretary shall perform such duties as may be prescribed by law or by the Secretary of National Health. There shall also be in the Department of National Health, a chief clerk, a disbursing clerk, such other officers and employees as shall be transferred to the Department pursuant to this Act, and such other officers and employees as may be necessary.

## Dingell Revises Bill

We wish to congratulate Rep. John D. Dingell of the 15th Michigan Congressional District for his open-mindedness in revising his views on socialized medicine to conform closer to the medical opinion expressed throughout the country. Quote from the Journal of the A. M. A. of December 23, 1944:

### COMPROMISE OFFERED ON SOCIAL SECURITY LEGISLATION

Representative John D. Dingell, Democrat, of Michigan, sponsor of the omnibus social security bills—introduced 18 months ago but on which nothing has been done since, not even committee hearings—has offered to drop or compromise some controversial parts of the program. To salvage portions of the project he proposes that the big bill be split into several sections to be submitted to the new Congress opening in

(Continued on page 15)

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It will always be our policy to continue putting our best efforts into our prescription department.

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## Dingell Revises Bill

(Continued from page 13)

January. Mr. Dingell said that he considers some form of public health and hospitalization insurance, with wage earners helping to pay for it, as first on the list of items he believes should be made law, but he is against "socialized medicine," which has been opposed by medical organizations. He suggests a simple system under which a poor man can get money to pay for medical or dental attention or hospital care when his family needs it. Under his plan, doctors and dentists would not be employed directly by the government, but there would be supervision of the system by the United States Public Health Service. "There wouldn't be any big medical bureaucracy running all the doctors and hospitals from Washington," Mr. Dingell explained. "Some people may have been able to read that into our bills, but it is a false alarm." He contends that it would benefit the medical profession as well as the masses of the people if more people could pay for medical attention. They would not be so slow in asking for it. The second item on his program would be inclusion of as many as possible of the 20,000,000 American workers who do not have guaranties of old age and survivor's insurance like the 40,000,000 now covered.

## Medical Landmarks of a Century Ago

Looking forward to 1945, and what it may do to advance the science of medicine, it is interesting to look back a century and size up the medical contributions of the year 1845.

Outstanding contributor in a year which did much to advance medical science was Virchow, credited by some authorities as the man most responsible for breathing into the static medicine of his day the spirit which pervades modern medicine.

In 1845, he made two important additions to the sum total of medical knowledge. One of these he made alone, the other he made simultaneously with Hughes Bennett. The first was his demonstration that

embolism, causes pyemia; the second was his description of leukemia, which was described by him as "white blood."

Still another important milestone of that century-ago year had to do with the blood. It was the work of Andrew Buchanan, showing that it is possible to extract from that fluid, and from the lymph glands and other tissues, a substance, latter named "fibrin" by Schmidt, which is capable of causing coagulation, not only of the blood, but also of serous fluids not of themselves capable of coagulating.

In a totally different field, in 1845 Bernhard von Langenbeck, greatest clinical surgeon of his time, was first to detect the actinomyces, opening the way to the understanding of a sizeable group of fungus infections.

Finally, in Dublin, Francis Rynd inaugurated a new era of blessed relief from pain, through the introduction of the use of the hypodermic needle for the injection of analgesic substances. Although it is true that this device, which worked by gravity, was a far cry from the refined syringe of the present era, the relief which it gave and the vistas of surcease from suffering which it opened, marked his work as perhaps the most important single medical advance of the year.

These then are some of the contributions made to medicine in 1845. What will 1945 contribute to compare?

—*Pit-mor-ian.*

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JANUARY, 1945

Chickenpox .....	57
Diphtheria .....	1
Epi. Meningitis .....	1
German Measles .....	3
Gonorrhoea .....	27
Measles .....	6
Mumps .....	79
Scarlet Fever .....	11
Syphilis .....	15
Tuberculosis .....	14
Whooping Cough .....	2



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## The Facts About Fee Schedules

(Continued from page 9)

The new revised Fee Schedule to the Department of Labor and Industries was presented to each member of the committee for review.

Dr. Goodnow was of the opinion that you cannot classify your doctors as far as the work is concerned. He further said you can't pay the same fees on public supported work as to the work of the Department of Labor and Industries as their fund comes from the employer and employee.

Doctor Nichols opened the matter of whether the revised fee schedule to the Department of Labor and Industries should be adopted as the basic fee schedule from which to work. A round table discussion was held, and all members of the committee were of the opinion that a basic fee schedule should be adopted from which to work, and that the revised Department of Labor and Industries fee schedule was the most acceptable.

Dr. Goodnow moved: "The adoption of the revised fee schedule of the Department of Labor and Industries be used as a basic schedule from which to work." Seconded by Dr. Wyckoff. Carried.

This schedule to be used as a basis from which deductions or additions may be made thereto in order to conform to the particular program affected. The matter of a definite discount was discussed.

Dr. Goodnow moved: "That this body of people favor approximately 20% reduction from the basic fee schedule for the Old Age Assistance Program." Dr. Exner seconded.

The matter was then open for question and Dr. King called the committee's attention to the fact that certain government literature asked the hospitals for a straight 15% discount of going hospital rates, and that it might be possible the various programs would be willing to carry through on a 15% discount as a general plan instead of 20%.

Doctor Powers suggested that no definite discount be set, but that the committee pass a policy that this is a standard schedule and that necessary discounts can be made therefrom or additions thereto.

Dr. Goodnow withdrew his motion. Dr. Exner withdrew his second.

Dr. Powers moved: "That the committee approve the plan of allowing discounts to tax supported medical programs—such discounts based upon standard accepted fee schedule to be arrived at by conference or

discussion with various interested tax supported programs or other interested programs. Seconded by Dr. Dorman. Carried.

Doctor Wyckoff said that in some cases he thought the schedule would be too low. Dr. Goodnow explained that in the past if a doctor felt that he was entitled to more compensation for his services that he sent a letter of explanation to the Department, and usually if the explanation was satisfactory, depending on the doctor's reputation, he was granted the higher fee.

Dr. Dorman brought out the point that the basic schedule is really for the general practitioner as a whole.

Dr. Read recommended that the Medical Advisory Groups of these programs be contacted with this material for re-adjustment of their fee schedule and report back to this Committee.

Dr. Nichols said that the Department of Labor and Industries fee schedule was not all inclusive and probably will have to be added to. Gynecology, Proctology and Urology are not included in the present revised fee schedule to the Department of Labor and Industries.

The chairman will write letters to the chairman of the Old Age Assistance Program, Rehabilitation Program, Medical Service Bureaus and Division for the Blind.

Doctor Nichols said that this committee would have another meeting as soon as the various programs had been informed of the committee's purpose and had considered the matter of discount from the basic schedule as applied to their programs.

After Doctor Read's report the matter was open for discussion.

Doctor Veasey expressed disappointment in not being able to attend the meeting of the committee, and said that he felt the fee schedule decided upon was a marked improvement on the present fee schedule of the Department of Labor and Industries but that he hoped that a private practitioner fee schedule could have been drawn up as a basis for the various programs and medical service bureaus. Doctor Zech expressed the

(Continued on page 19)

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## The Facts About Fee Schedules

(Continued from page 17)

opinion that he thought it impossible to have a private practitioner fee schedule as the fees were so varied. Doctor Spickard felt that the private fee schedule and Bureau fee schedule should at all times be considered to be higher than this basic fee schedule, and the committee should so recommend.

Dr. Rhodehamel suggested that getting this fee schedule accepted before January, 1945, was very important.

Doctor Read felt that the committee should not take any positive action unless authorized by the Board of Trustees.

Doctor Spickard recommended that the following be incorporated in the minutes of the Over-All Fee Schedule Committee: "That the committee feels that the Bureau fee schedule should always be above the basic fee schedule."

Dr. O'Shea called the Board's attention to the fact that he thought the attitude of the Association in regards to fee schedules with the various departments was entirely wrong and that it was time to change our attitude and change it now. That heretofore we had always accepted the various schedules they submitted instead of submitting the necessary fee schedules ourselves and taking a definite stand by saying, "This is our schedule and the schedule we operate by."

### MINUTES OF SECOND MEETING

The second meeting of the Over-All Fee Schedule Committee of the Washington State Medical Association was called to order by Dr. Harold E. Nichols, chairman, Thursday, Dec. 7, 1944, at 8:00 p. m., 218 Cobb Bldg., Seattle.

Dr. Nichols: The purpose of this meeting is to arrange a mutual agreement as to a fee schedule for the Social Security Department and the Board of Vocational Education, and the adoption of the new revised fee schedule to the Department of Labor and Industries now adopted by the State Association as a Basic Fee Schedule. Dr. Nichols explained that the revised fee schedule for the Department of Labor and Industries, although agreeable to the Department of Labor and Industries had not been adopted and put into operation for the reason that objections from the Department of Social Security and Vocational Education had held it up and


that he hoped that the matter could be settled definitely. Dr. Nichols called upon Dr. Graham and Mr. Odom to express their views on the matter. Dr. Graham explained that the reason his department was interested in the Fee Schedule of the Department of Labor and Industries was for the reason that the Department of Social Security would not be asked to meet it as the Department's appropriation could not stand it, otherwise it was no concern of theirs. Mr. Odom concurred in this and further added that the Rehabilitation Program was new to the State and that it is a tax supported program.

The matter was open for discussion, all members taking part. Dr. Read called the Committee's attention to the fact that the Board of Trustees had declared the fee schedule of the Old Age Assistance Program unsatisfactory for the doctors in the state, and that the Over-All Fee Schedule Committee was then appointed and that the Trustees have adopted the revised fee schedule to the Department of Labor and Industries.

(Continued on page 21)

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\*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

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## The Facts About Fee Schedules

(Continued from page 19)

tries as a Basic Fee Schedule from which to work. Adjustments to be made by addition to or subtraction from that schedule.

It was brought out that everything had advanced in price, that an increase in the pension rate was being sought and that the Old Age Assistance Fee Schedule was unsatisfactory and inadequate at the present time.

Dr. Nichols: Does any one object to using the basic fee schedule from which to work on a percentage basis for the Departments of Social Security and Rehabilitation? It was agreed by all this was satisfactory.

Dr. King moved: That a 15% reduction be offered to these departments, namely: Department of Social Security and Board of Vocational Education (Rehabilitation). Seconded by Dr. Goodnow.

Dr. Dorman felt that the specialists were entitled to a higher schedule and as long as certain departments were asking for specialist work and demanding such then when specialists were called upon there should be a plus added to the basic schedule. Dr. Exner suggested that the motion be divided into two parts.

Above motion revised:

Dr. Coe moved: That we offer a 15% discount from present fee schedule adopted by State Association to Department of Social Security and Old Age Assistance Program. Dr. Exner seconded.

Motion amended:

Dr. Coe's motion amended: "That the revised fee schedule as far as the Social Security Department is concerned will not go into effect until the new biennium, April 1, 1945. Dr. Exner seconded. Amendment carried.

Dr. Exner said that he had been asked by the Washington State Radiologist Society to ask that a 10% differential be made for x-ray work in such deductions.

Motion amended for second time:

Dr. Exner moved: That x-ray men be given a differential of 10% higher than discount of 15%. Seconded by Dr. Dorman. Not carried.

Original motion and first amendment then carried.

This committee advises that the State Association recommend that the Social Security Department's 15% discount for the administration of the Old Age Assistance Program begin at the new biennium.

Mr. Graham and Mr. Odom said that there would be no objection from them to the adoption of the revised fee schedule to the Department of Labor and Industries.

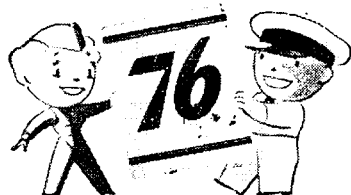
Dr. Read advised that the Medical Association recommend a 15% reduction from the Basic Fee Schedule for the Rehabilitation Program under the Department of Vocational Education.

Dr. Spickard amended motion: That in cases where the service is rendered by a specialist as designated by the law governing the Rehabilitation Program there should be a differential to the specialist over the basic fee schedule of the Rehabilitation Program which is 15% under the basic fee schedule adopted by the State. Dr. Peden seconded. Carried.

Meeting adjourned.

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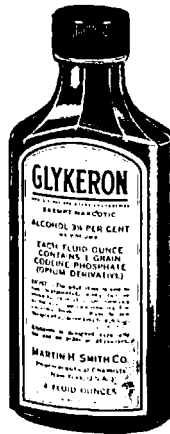
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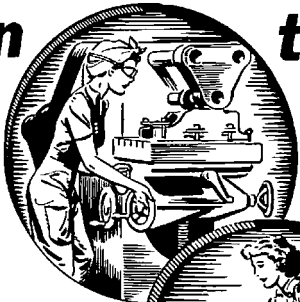
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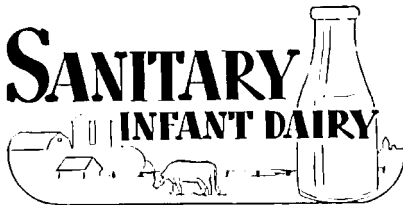


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# Bulletin

Vol. XV—No. 3

MARCH, 1945



## *Program*

**MARCH 13**

Medical Arts Auditorium — 8:15 p. m.

Differential Diagnosis of Hemoptysis . . . C. Northrop

Pyelitis in Pregnancy . . . . . A. L. Schultz

*Are Your 1945 Medical Society Dues Paid?*

**OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY**

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1944-1945

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## Does This Apply to You?

There is a story about the doctor who took a non-professional friend with him to a meeting of the County Medical Society. On their way home the doctor asked his friend what he thought of the meeting and received this reply: "I felt out of place during the first doctor's talk but when only two men had anything to say when a discussion was called for then I realized that many of those present were laymen like myself."

There is meat for thought in that yarn if you will honestly consider what occurs in our own meetings. Some few technically scientific papers are read at our Medical Society meetings which are written primarily for future publication. The majority of papers are presented to give in an orderly, simple manner the speaker's ideas and collected information on his subject. For such the speaker has profited, as he has made the real effort of getting his material in order and has had the valuable experience of standing up and presenting the results of his work to the Society.

It is true that the listening members can gain information, but if they consider their time of any value and if their experience has taught them any variations from the speaker's conclusions, they should get up and speak when a discussion is called for. Nearly every doctor is able to contribute at least one idea related to the subject. Save your "I've enjoyed the fine paper given by Dr. Whosis very much." for out-of-town guest speakers. For our home consumption, just stand up without supporting yourself on the chair in front of you, express your idea or ideas and sit down. Only by a generous number of our members taking part in each discussion can our all too few medical meetings be made worth while.

Most of our doctors know that once a month at both St. Joseph's Hospital and Tacoma General Hospital there is an early evening hospital staff meeting preceded by a very palate satisfying complementary din-

ner. Last month at one of these meetings, a goodly number of doctors enjoyed a fine meal. That over, they pushed back their chairs and faced to the speaker's table. After committee reports had been given, two informal, informative, surgical subjects were presented by Drs. A. and B. Discussion was postponed until after the second subject was presented. This finished, the chairman called for a general discussion. Dead silence ensued, broken only by a late comer's not too noiseless attack on a chicken leg. When the quiet began to get embarrassing, Dr. A arose and commented on Dr. B's talk and then Dr. B did the same for Dr. A. And then again silence and more silence concluded the scientific portion of the evening.

A majority of the men there that evening do surgery, when the opportunity presents; there were no strangers or dignitaries present; all the doctors are on speaking terms and yet not an additional comment could the chairman extract from that group.

The previously mentioned layman might advance the kindly suggestion that perhaps the doctors there who were intellectually capable of discussing the subjects were experiencing "private practice fatigue." A more scientific diagnosis might be a "post-dinner cerebral anemia."

The true reason was plain mental laziness that did not allow the doctors sufficient exertion to show their appreciation for the time and voluntary effort the speakers had made. We know you enjoy the staff dinners and the comfortable chairs at Medical Society but more appreciation in our Hospital and Medical Society meetings is a definite need.

The program of the Returning Veterans' Committee will interest a number of our doctors. There are certain to be some young men in Pierce County who are considering the study of medicine as soon as released from the service.

There should be a group in our Society to whom these young men could be referred

for advice and counsel. No financial aid is involved but of much more importance would be available intelligent information and advice as to the fitness of the veteran to carry through the long hard task of securing a medical education. This should be a very worthwhile civic contribution.

**Are Your Dues Paid?**

Paragraph 2, Section 3, By-laws of the Pierce County Medical Society, provides as follows: "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."

**Budget Estimate for 1945**

Balance on hand December 31, 1944	.....\$	199.10	
<b>ESTIMATED INCOME</b>			
Estimated net income from membership dues	.....\$	2252.50	
Estimated income from Bulletin	200.00		2452.50
			<u>2651.60</u>

<b>ESTIMATED EXPENSE</b>			
Better Business Bureau	\$	100.00	
Insurance on equipment of members in the service	.....	96.00	
Telephone	.....	70.00	
Light, heat and janitor service	.....	120.00	
Postage	.....	25.00	
Printing and multi-graphing	.....	40.00	
Taxes	.....	40.00	
Salary, social security and unemployment insurance	.....	628.20	
Miscellaneous expense	.....	35.00	1154.20

<b>LIBRARY</b>			
<b>ESTIMATED INCOME</b>			
\$10 each from 103 members	\$1030.00		
\$5 each from 15 members	.....	75.00	1105.00

<b>ESTIMATED EXPENSE</b>			
Salary, Soc. Sec. & unemployment ins.	.....\$	564.45	
Periodicals	.....	295.00	
Binding	.....	190.00	
Postage	.....	20.00	
Med. Lib. Assoc.	.....	15.00	
Supplies	.....	20.00	1104.45
			<u>2258.65</u>

Estimated balance on hand Dec. 31, 1945 \$ 392.95

*For Receipts and Disbursements  
See Page 19*

# OUR FRIENDS, THE ADVERTISERS

## **AMBULANCE SERVICE**

Yellow Cab Co.

## **BAKERY**

Federal Bakery

## **BIOLOGICAL LABORATORIES**

Porro Biological Laboratories  
Tacoma Medical Laboratories

## **DAIRIES**

Medosweet Dairies  
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## **DRY CLEANERS**

Pantorium Cleaners

## **EVAPORATED MILK**

Morning Milk Co.

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Fuel Oil Service Corp.

## **FUNERAL DIRECTORS**

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## **PHYSIOTHERAPY**

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## **SURGICAL BRACES**

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## **SURGICAL CORSETS AND BELTS**

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Ellison's Surgical Appliances

## **SURGICAL SUPPLIES**

Shaw Supply Co.  
Roger B. Molt

## **TRUSSES**

Ellison's Surgical Appliances

# MINUTES

## Of Regular Meeting of Pierce County Medical Society

February 13, 1945

The regular meeting of the Pierce County Medical Society was held in the auditorium on February 13, 1945, President Gullikson in the chair. Minutes of the previous meeting were read and approved.

The first paper of the evening was on Influenzal Meningitis, by Dr. C. W. Biedel. Dr. Biedel gave a very full and interesting review of the present status of diagnosis and treatment of this condition. He stated that this was the most common meningitis of childhood, next to tubercular, and stressed the value of spinal punctures in making a diagnosis. He stated that sulfadiazine had been an effective treatment but that probably the best method at present is sulfadiazine combined with an antiserum devolved from the rabbit. Discussion by Dr. Fargher called attention to two recent deaths from meningococcic septicemia. Dr. Durfeldt gave a shore account of one of the cases, which was a fulminating meningitis, and the patient died within ten hours of the first symptoms. It was recommended by Dr. Fargher that two grams of sulfadiazine a day be given prophylactically to those who had been in close contact with a recent case.

The second paper of the evening, A New Use for Red Blood Cells, was given by Dr. J. L. Vadheim. Dr. Vadheim stressed the value of using red blood cells for the treatment of chronic local ulcers. Dr. Gullikson, in discussing the paper, spoke of the value of whole blood placed on ulcers.

The third paper, The Present Status of Gastric Carcinoma, was given by Dr. A. H. Buis. This was a review of the present status and diagnostic methods in this very common affliction. Dr. Buis' paper was concluded with a summary of ten commandments, as follows:

(1) We must discard the sound and fast

rules laid down by Osler.

(2) We must be self-critical and view with suspicion all patients over 40 years of age who have a history of gastric disturbance of over one month's duration that has not been relieved by adequate medical management.

(3) We must give adequate time to history taking, physical examination, gastric analysis and further laboratory studies.

(4) We must request a fluoroscopic and upper gastrointestinal X-ray study in any individual over 40 years of age with gague abdominal symptoms or anemia by a competent well-trained Roentgenologist.

(5) We must realize that an individual can have a gastric carcinoma in association with some other chronic disease that we have discovered in the course of laboratory examinations.

(6) We must be very conservative in making a diagnosis of atrophic gastritis and remember to resort to frequent examinations in these patients.

(7) We must view with suspicion all ulcers in the first inch of the pylorus and on the posterior wall of the greater curvature.

(8) We must not be influenced by the improvement in symptoms of gastric diseases but corroborate them by laboratory and X-ray studies.

(9) We must not rely upon the palpation of a tumor for the sole finding of a gastric cancer.

(10) We must not try to treat these cases medically but urge them to have an early surgical treatment.

The paper was illustrated with films of a recent case. Dr. Herrmann discussed the paper, with a report of a case. Further discussion was by Drs. Howe, W. W. Mattson and Yoder.

Election of the two Nominating Committees was held and the following committees were elected.

Committee No. 1—F. J. Rigos, chairman, J. M. Mattson, J. F. Steele.

Committee No. 2—J. L. Hensen, chairman, R. D. Wright, H. T. Clay.

# A COMPLETE LINEN SUPPLY For DOCTORS and DENTISTS

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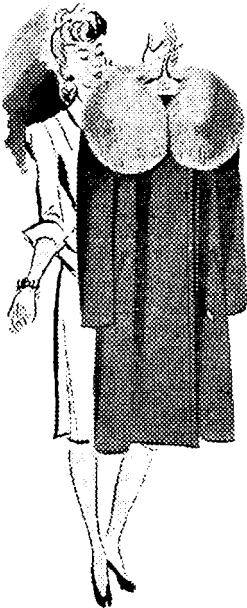
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*To The Pierce County Medical Society*

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President.....	Mrs. Miles Parrott
President-Elect.....	Mrs. Lester S. Baskin
First Vice President.....	Mrs. Stefan S. Thordarson
Second Vice President.....	Mrs. George H. Smith
Third Vice President.....	Mrs. Benjamin T. Terry
Fourth Vice President.....	Mrs. Archibald Howe
Secretary.....	Mrs. Hillis F. Griffin
Treasurer.....	Mrs. Lawrence E. Skinner

**COMMITTEE CHAIRMEN**

Social.....	Mrs. Carl S. Staatz
Publicity.....	Mrs. D. H. Johnson
Hygiene.....	Mrs. J. Benjamin Robertson
Telephone.....	Mrs. G. H. Smith

Additional Committee Chairmen will be announced later.

Mrs. Clifford Halvorsen, Chairman of the Cancer Control program for the Pierce County Auxiliary, announces an all-day joint meeting of the Auxiliary and the Health Department of the Y. W. C. A., to be held in the Medical Arts Auditorium on March 8, beginning at 10 a. m.

Mrs. R. E. Mosiman, State Commander of the Field Army of the American Cancer Society, will outline her campaign to interested women.

The afternoon session will begin at 1 o'clock and Mrs. Mosiman will be the speaker for this session also. Mrs. Marjorie Shaffer will sing, accompanied by Mrs. Gene Endsley. Mrs. Mosiman will outline the plans of the Cancer Society and their campaign to raise \$5,000,000.00 this year.

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**We respectfully solicit the co-operation of the family physician**

The technical staff have all had many years training and experience with this method of treatment. Also trained staff members, with automobiles, are available at all times to assist the physician in getting his patient to the sanitarium and to follow up with any rehabilitation work deemed necessary.

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# The Physicians & Dentists Business Bureau

MYRTLE CHRISTOFERSON, *Manager*

The Physicians and Dentists Better Business Bureau belongs to the doctors and dentists and is always at the disposal of these two groups. There are numerous advantages in being a member of this organization as there are many services available to members only, although non-members have gained much from it.

The members of the two societies had vision of what could be accomplished through such an organization but the membership has never been 100% and never will be as long as outside agents are patronized. In this my last opportunity to say to the new members of the Pierce County Medical Society, get behind the organization and give it support and use it for the purpose intended. It is also an opportune time to thank those who are still members of the bureau, who first planned it, and to remember those who were so loyal in standing behind it when they were in practice. Those who first participated in this organization and who formed the first board of trustees were, Dr. H. A. Christoffersen, Dr. F. C. Morse, Dr. W. D. Reed, Dr. W. B. Penney, Dr. H. J. Whitacre, Dr. L. A. Hopkins and Dr. H. G. Willard.

There have been many bureaus patterned after this local organization and they extend clear across the country, North and South and East and West. Prospective bureau managers have come to review our setup and to learn just how we do things, and what method of procedure is used in the handling of professional accounts. This group which forms a national organization has as its members only Medical and Dental units.

The most notable criticism felt by the bureau is the procedure it has maintained over many years in handling accounts for collection. The idea in the first place was to get away from the rough and crude manner used by commercial agents, mainly

because of the fact that good feeling between the patient and doctor must be maintained at all cost. The local commercial agent sues right away in many instances, instead of allowing the debtor to come in and talk the matter over. The doctor usually wanted these people as patients again and in many cases these same people continued to use the services of the same doctor to whom they owed money and which the bureau had helped to liquidate. This theory was practiced almost entirely through the depression years when the doctors wanted these people to come back as patients, however, now the picture has changed and many of our members do not want these people to return to their office under any circumstances. The bureau continues to operate on its original policy, suing only when absolutely necessary.

The highest collection charge made by the bureau is 45% and the lowest is 25% and this is determined by the age of the account. Any account under \$10.00 or over one year is 45%. If an account is sued or it is necessary to forward the claim outside of Tacoma, the charge is 50%. Any commercial agency would charge a flat 50% regardless of age. Why not help the bureau to keep the low rate of commission schedule as it has been.

A new service which has been in practice for several months now is the bureau's consent to members to allow their patients to make payments in this office *only* if their own office is closed. It has developed into somewhat of a task because of the fact that money collected has not been called for promptly by the nurse or secretary. We must insist that this be picked up the same day it is reported to your office and in this way avoid the possibility of being lost if left here for several weeks as has been the case. The bureau cannot accept payments

(Continued on page 17)

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economy in use . . . are direct results  
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of Kremilk.



## MEDOSWEET KREAMILK

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## News—Some of it True

We learn that Homer Humiston is on the island of Leyte and has been very busy patching up General MacArthur's wounded. His latest picture shows him looking as big and handsome as ever. Homer is a Major now and we congratulate him on the rank he has obtained and hope he will be a Colonel soon.

We are in receipt of a V mail letter from Cliff Whitaker, who is still conducting his hospital in New Caledonia, with warm pleasant weather, ocean bathing and plenty of good food. Cliff is a full Colonel now, after five years in the service. Best wishes. Cliff and we hope to see you a General yet. Thanks for the letter.

We had a card from Charlie Doc a short while ago from Los Angeles. He was drowned out by the rain and was moving on to Palm Springs to get some of that desert sunshine for a month.

Charlie Pascoe has gone to Southern California to sit in the sunshine on the beach for a month. Hope he won't be disappointed about the sunshine.

Charlie Engels has resumed practice after being off the job for five months with a conglomeration of afflictions, including an appendectomy. In view of the foregoing two items, it would seem like a propitious time. Clyde Magill has been swamped carrying the load practically alone and that's the news of the day about the Urologists.

Ed Warren has finally succumbed to those old sinuses in his family, closed up his affairs and moved to Santa Monica. Haskell Maier has taken over his office, with its 100 patients a day. Ed left here driving his car with a trailer attached, containing his favorite saddle horse.

Sydney MacLean has also been down in California, giving his sinuses a little sunshine, such as it was. While down there he had a visit with Johnnie Verhalen, who

moved there some months ago, also on account of his sinuses.

Harry Allison spent a month at Phoenix, Arizona, also to relieve his ailing sinuses. Looks as if sinusitis was rather endemic among the profession here.

Guy Griffith, while visiting in Los Angeles, suffered an apoplectic stroke. He is reported improving rapidly and we hope he will be back on the job soon.

Bill Paul has been confined to his home due to illness for the past two weeks, and will not be back to the office for another week. Casualties seem to be heavy among the eye men too.

About the only way some of our over-worked doctors seem to be able to get any rest is to get out of town, where they can't be reached. Janes, Schaeffer, Turner, Sanderson and others have acquired the habit of slipping away to Vancouver or Victoria for a week occasionally.

Bernie Harrington paid a recent visit to Tacoma and has now returned to his large obstetric practice in Carolina. The lad was looking chipper and handsome as ever.

Arch Howe has bought the Rosehaven Apartments at North Tacoma Avenue and Eleventh Street and a very good buy too.

### Communicable Diseases

Chickenpox .....	86
Diphtheria .....	0
German Measles .....	7
Gonorrhoea .....	25
Measles .....	13
Mumps .....	101
Scarlet Fever .....	27
Spinal Meningitis .....	2
Syphilis .....	10
Tuberculosis .....	4
Vincent's Infection .....	2
Whooping Cough .....	6

CARL E. WALLACE, B. S.  
Bacteriologist

TELEPHONE  
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All Clinical Laboratory Examinations

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## Compulsory Health Insurance

*(Following are copies of the Foreword and Resolutions adopted by the House of Delegates of the California Medical Association, in special session in Los Angeles on January 4, 5, and 6, 1945.)*

*To the House of Delegates of the California Medical Association:*

Your Resolutions Committee submitted a preliminary report at yesterday's meeting (January 5, 1945) and it will be assumed that the members of the House have in mind the general tenor of that report. At yesterday afternoon's session twenty (20) resolutions were presented, in addition to those previously submitted, and all these your Committee had to consider between last evening's hour of adjournment and this morning's meeting, which was scheduled to begin at 9:00 a. m. Your Resolutions Committee remained in session until after one o'clock this morning, and it now submits to you this supplemental report.

Before proceeding with consideration of specific resolutions we believe it advisable, briefly to review the immediate circumstances leading up to this special meeting of the House of Delegates of the California Medical Association, so that the House may bear in mind one fundamental point, which is, that the House must give a specific answer to a specific question.

Early in December, 1944, His Excellency, Governor Earl Warren conferred with the officers and councilors of the California Medical Association and stated to them in substance that he favored and urged the establishment by law of a system for the distribution of the costs of medical care, to be financed, if necessary, through new and additional payroll taxes. Governor Warren stated that he had an open mind as to the details of any such system. He requested the California Medical Association to inform him of the type of tax-financed medical care plan, if any, that the Association would approve.

Subsequently, officers and members of the Association have held informal conferences with representatives of organized labor and a representative of the California Farm Bureau. Representatives of labor and a representative of the Farm Bureau have appeared before the Council and before the delegates at this special meeting of the House of Delegates. The Governor of the State of California has asked of us a question. We must now proceed to answer it.

Most of the resolutions submitted by members of the House and considered by

the Committee contain various answers to the Governor's inquiry. Your Committee felt that to consider each resolution separately would involve both duplication and unnecessary prolongation of this special three-day session. Therefore, your Committee has prepared a substitute resolution containing specific answer to the question that has been propounded to the Association. The resolution proposes a plan for State assistance in the solution of the problem of the distribution of the costs of medical care, but it does not contain any acceptance, direct or indirect, of the basic provisions of any known compulsory health insurance system.

Your Committee recommends that this House of Delegates express its appreciation of the sincerity of purpose of the Governor and the representatives of labor and agriculture in their proposals looking toward a solution of the problems before us. We recognize with gratification that an important forward step has been taken in the furtherance of mutual understanding and cooperation between the California Medical Association and the leaders of the public its members serve. It is our earnest desire to seek the continued advice and cooperation of all parties having interests in the solution of our mutual problems.

★ ★ ★

RESOLVED: That the California Medical Association is of the firm conviction that no fundamental and revolutionary change in the practice of medicine should be made under present wartime conditions. If disruption occurs in the rendering of medical service, the result can well be a catastrophe for the people of the State. That major dis-

*(Continued on page 15)*

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The prescription business has never been a side line in our store. At the present time we are carrying one of the largest stocks of biologicals and prescription supplies in the Puget Sound area.

Our store is centrally located and easy to

find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

## McMILLAN BROTHERS, Inc.

955 BROADWAY, TACOMA, WASHINGTON

## Compulsory Health Insurance

(Continued from page 13)

ruption would occur if health insurance were made compulsory by the State is self-evident, regardless of approval or disapproval by the doctors of a new system in principle. This is true for two reasons: The doctors remaining in civilian practice after over 3,000, or approximately one-third, have gone into military service, are barely able now to provide medical service for a greatly expanded population and greatly expanded industry and they do it by working to or beyond the limit of sustained endurance. If, now, they are forced to go through a period of change to a new and unfamiliar system of practice, medical service to the people will break down. This is not theory. We know from experience with California Physicians' Service that the process of educating doctors and patients, to say nothing of administrators, to operate under an unfamiliar system is not accomplished overnight.

Furthermore, from experience of California Physicians' Service, in the War Housing projects where a full coverage plan was in operation, it was found that the demand for service was vastly increased under a complete prepayment system—in fact as much as double. Without arguing how much increased service is or is not desirable, the plain fact is that the doctors are doing all they can now and a large increase in demand for service will with absolute certainty break down medical care in California; and be it further

**RESOLVED:** That the California Medical Association cannot endorse any system of compulsory health insurance which has thus far come to its attention; and be it further

**RESOLVED:** That the California Medical Association is equally convinced that there is an existing problem with respect to the distribution of the costs of health services and therefore, its position with respect to such problems must continue to be a positive and progressive one; and be it further

**RESOLVED:** That as such a positive and progressive step toward the ultimate solution of the problem, the House of Delegates of the California Medical Association hereby proposes the following program which it believes to be both desirable and feasible under all existing circumstances:

(a) An increase in the benefits of the California Unemployment Insurance Act, without increasing payroll taxes, to provide

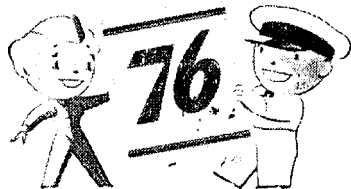
cash indemnities to wage earners when ill or injured through non-industrial causes. Such cash indemnities would be primarily used for the payment in whole or in part of incurred hospitalization costs. This proposal is feasible because the present California Unemployment benefits and the estimated cost of adding cash indemnities can well be financed within the existing unemployment tax structure.

(b) The California Medical Association is wholeheartedly in favor of the principle of distribution of the costs of medical care by means of prepayment, and its sincerity in this regard is evidenced by its expenditure of no inconsiderable money and effort for the development of California Physicians' Service and that California Physician's Service has been offering to the public a state-

(Continued on page 19)

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THEY NEED  
THESE DAYS



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UNION OIL  
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all and *for all* explains  
why Tacoma families turn  
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Tacoma, Washington



## Business Bureau

(Continued from page 9)

just for the sake of convenience as it requires too much time away from our regular work.

The Notary Public is at the disposal of anyone and no charge is made to the doctors for this service.

Another service which could be of value to members is the credit department where a complete record is kept of about 75% of local residents. Changes of address, conditional sales and real estate transactions are recorded on these cards and is yours for the asking.

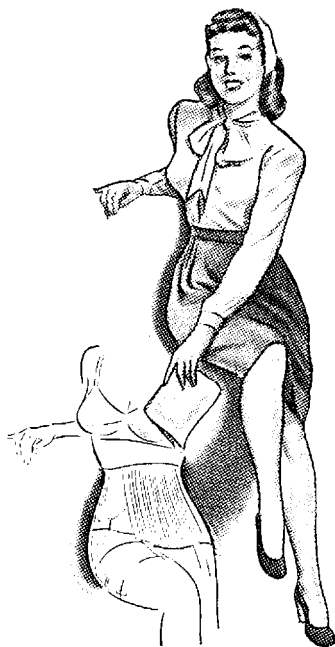
If you are not already a member don't put it off, come in and inquire about the advantages.

(The Business Bureau trustees announce with regret that Miss Christofferson is severing her connection with the bureau as of April 1st.)

## Medical Society Functions

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 refurbish 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." — *Sedgwick County (Kansas) Medical Society Bulletin.*



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AIR CONDITIONED AMBULANCE

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MAin 1122

MAin 1200

## Pierce County Medical Society 1944

Balance on hand December 31, 1943, including entertainment and emergency fund ..... \$ 607.80

### RECEIPTS

Membership dues .....	\$4568.75	
Bulletin advertising .....	1894.62	
Refund of auditorium expense by dental society .....	29.34	
Refund of dues by State Assoc. ....	7.00	
Refund on annual banquet .....	33.24	6532.95
		<hr/>
		7140.75

### DISBURSEMENTS

State Association dues .....	2446.76	
Bulletin expense .....	1727.75	
Portion of librarian's salary for other society work .....	600.00	
Social Security .....	12.00	
Income tax .....	33.00	
Unemployment insurance .....	15.80	
Telephone and telegraph .....	69.71	
Current .....	62.67	
Steam .....	22.00	
Janitor .....	72.00	
Printing and multigraphing .....	29.09	
Taxes .....	40.00	
Insurance on office equipment .....	95.48	
Moving office equipment .....	13.34	
Postage .....	25.00	
Refund of dues .....	14.23	
Balance on annual banquet .....	8.95	
Lamp replacements .....	3.60	
Miscellaneous expenses .....	33.64	
		<hr/>
		5325.02

### LIBRARY

Salary .....	\$395.40	
Social Security .....	13.20	
Income tax .....	30.00	
Unemployment insurance .....	17.40	
Books .....	15.85	
Periodicals .....	290.20	
Binding .....	193.74	
Medical Library Association dues .....	15.00	
Postage .....	19.39	
Supplies .....	15.04	1005.22
		<hr/>
		810.51
Less entertainment and emergency fund .....		611.41
		<hr/>
Balance on hand December 31, 1944, in general fund .....		199.10

## Compulsory Health Insurance

(Continued from Page 15)

wide, non-profit prepayment plan for the past five and a half years.

The California Medical Association respectfully insists that it is not an informed statement to characterize California Physicians' Service as a "failure because it covers only about 125,000 people." A brief review of its enrollment experience presents a fairer picture of its present status and future prospects. After its administrative or-

ganization was ready to operate in 1939, it took three weeks to enroll the first ten members. Rate of enrollment in its first four years averaged about 1,000 per month. Now with its more advanced "seasoning" with improvement in compensation to doctors, with better public knowledge of and confidence in it, rate of enrollment of new members has risen to approximately 12,000 per month in the last four months of 1944. If it is fair to judge the future by past experience, California Physicians' Service is, just at this time, entering upon a period of very rapidly increasing expansion.

The California Medical Association respectfully insists that instead of characterizing California Physicians' Service as a failure because it covers as yet an insufficient number of people, the State Government, Management, Labor and Agriculture should implement and assist California Physicians' Service to attain its objectives.

(Continued on page 21)

## Spencer Individually Designed Supports



Sacroiliac or Lumbosacral disturbances relieved and averted by Spencer Support. Instability in Sacroiliac and Lumbosacral areas is effectively checked by a Spencer Support designed to grip pelvis, and provide coordinated abdominal and back support. Thus posture is improved.

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## Compulsory Health Insurance

(Continued from page 19)

Such assistance could well be a reduction of the employees' portion of the California Unemployment tax for those employees who have joined California Physicians' Service or any other equivalent service. To illustrate this proposal: Under it an employee enrolling in California Physicians' Service (or in one of the Blue Cross Plans) would have a smaller sum deducted from his paycheck each month than he would if

he failed to join. The amount of this reduction would be small but its smallness is not important because the existence of any incentive will unquestionably act as a tremendous aid to the growth of voluntary non-profit plans. It may be claimed that this cannot be done without increasing existing taxes. Therefore, the following information is of importance. The present California Unemployment Tax consists of 3.7% of all payrolls, 2.7% paid by the employer, 1% paid by the employee. This tax fund is col-

(Continued on Page 25)

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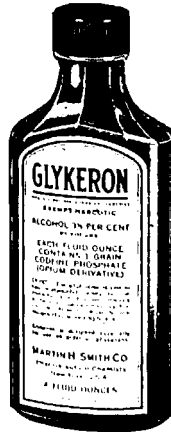
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## Compulsory Health Insurance

(Continued from page 21)

lected under the present law for the sole purpose of paying cash benefits to people unemployed through loss of work. Since the inception of the California Unemployment system, the benefits paid out have been less than one-third of the amount of taxes collected. Even in pre-war years the benefits paid out average not over half the taxes collected. Therefore it is apparent that a tax reduction to encourage medical coverage can be added to the Unemployment Act without jeopardizing the solvency of the fund and without adding to the tax burden. California is in an advantageous position in this regard because it is one of the few states that imposes a 1% unemployment tax on employees in addition to the 2.7% employers' tax. It is this 1% which has resulted in the California fund becoming extremely large and further results in the feasibility of our suggested plan. For instance, the present surplus is \$621,708,167.89.

(c) A more rigid enforcement by the State of the various existing disease preventive measures and other public health laws

should be undertaken. By this means, already at the command of the State, great strides can be made toward the reduction of the incidence of illness and disease. It must not be forgotten that all reductions in the incidence of illness decrease the cost of medical care. Better enforcement of existing preventive measures relating to tuberculosis, contagious diseases and, specifically, venereal diseases would reduce the incidence of these diseases and illustrate this point; and be it further

**RESOLVED:** That recent proposals to establish some form of compulsory health insurance in this State have come at the last minute without any opportunity for adequate consideration and planning by any of the many interested groups or sufficient time for interchange of opinions and knowledge. Very considerable progress has been made in defining objectives in recent meetings between representatives of the medical profession with the Governor and other groups and it is the belief of your committee that such meeting and further exchange of ideas should be undertaken immediately, and continued until a definite conclusion has been reached. — *Bulletin of the San Francisco County Medical Society.*

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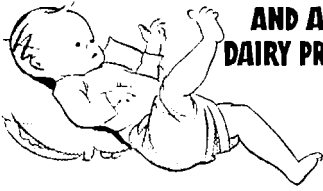
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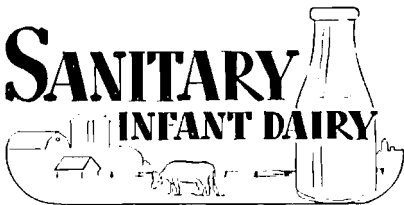


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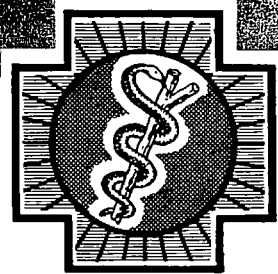
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# Bulletin

Vol. XV—No. 4

APRIL, 1945



## *Program*

**APRIL 10**

Medical Arts Auditorium — 8:15 p. m.

**Correlation of Chest Pain and Heart Disease**

..... **T. H. Duerfeldt**

**Acute Pelvic Pain**..... **George Kunz**

**Election of Officers**

**OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY**

# Pierce County Medical Society

1944-1945

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## Medical Independence

Those of us fortunate enough to grow up in a farming community remember the satisfied opinion, that of all occupations that of the farmer was the most independent. Time has wrought sufficient changes to put that statement definitely into the discard.

The bankers were another group who always considered themselves at the top of the heap. They were sage advisors whose investment counsel was considered as little short of superhuman as they basked under the slogan, "Consult your banker first." They too were independent plus not many years ago but today that situation is no more.

What of our own medical profession? There would be nearly a unanimous agreement from those of us who have been in practice for any number of years, that medical practice has been and is today the most independent of all the professions or occupations. Most of us have not always considered ourselves too fortunate with long hours of work and limited vacations. However we do continue to make our own decisions as to the type, amount and compensation of our work. How long these factors will obtain is anybody's guess but appears to be limited in the near future.

It is difficult to have a over-all picture of our professional situation but we should appreciate the fact that influences and problems under the broad heading of "Socialized Medicine" are now present throughout the United States.

If we choose to consider our way of independent living as able to avoid being told what we should or should not do in phases of our medical work, then we may be nearer to a change in independent practice than we like to admit. If we see or think we see radical changes coming our way we should not say, "I am sitting pretty, why should I worry?" Maybe you are satisfied but many doctors in and out of the service

are vitally concerned and do worry. Every doctor should be definitely interested in a situation developing right here in Pierce County because it concerns the majority of our men.

At the present time over 6300 persons are eligible to receive free medical care under the Old Age Assistance program and this number will increase to over 9000 as soon as war contracts start being cancelled.

The recent State Legislature voted to extend free medical care, beginning May 1st of this year, to include about 2500 additional people in this county, of whom nearly 1500 are children. This 2500 is increasing every day and will probably double within a year. The care of children and young adults under this state program introduces many new and difficult situations not easy to handle.

We can not overlook the more than 17,000 war veterans who will return to this county, eligible for medical care by the government, although the bulk of the actual work will be done by our Medical Society members.

Whether Pierce County doctors undertake a family coverage program, to be limited as to service and membership, remains for them to decide.

These are some of the medical problems right here at home which we as individuals must attempt to meet through organized effort. Plans for medical care are not difficult to devise but it is a horse of another color to implement those plans with efficient service. The success with which we satisfy these problems, will in large measure determine our future medical independence.

*These Mysterious Rays*, by Alan L. Hart, M. D., Harper and Brothers, New York, \$2.75. The story of the X behind the rays. Fascinating reading, telling in simple language the actual processes of X-ray, radium, and ultraviolet therapy.

Dr. Hart is remembered as an excellent teacher and a brilliant student.

## "Am I Home Now?"

By FRANCES ANGERMAYER

A soldier was carried into a ward one day,—  
"Am I home now?"—These are the first  
words he had to say,—

Both his arms were gone—and he was blind.  
He had been injured in the explosion of a  
mine.

"Am I home now?"—His voice was joyful—  
expectant!—

He didn't complain.—

"I won't be too much bother."—He was  
brave in his pain.—

"I'm blind,—but plastic surgeons will fix  
my hands soon."—He talked on and  
on.—

(You see,—he didn't know that his arms  
were gone.—)

"I'll help myself then."—The ward patients  
were quiet—None said a word.—

"Am I home now?"—If only some could  
have seen and heard.—

Home! Home to what?—A labor quarrel?—  
Race hatred?—A strike?—

Consequent shortage of war materials—and  
the like.—

Home! Where some dare say: "May the war  
be long—I'm making money now."—  
Oh, dear soldier,—your arms—eyes—gone!  
—In shame our heads are bowed.—

"Am I home?"—Home! Don't his words  
wring your hearts?—They must!—

If not,—may the good God in Heaven have  
mercy on us!—

—From *Our Sunday Visitor*

Frances Angermayer writes that the theme of her poem "Am I Home Now?" was inspired by a letter received from Major Morris S. Harless, surgeon, of the 77th Evacuation Hospital. The letter was dated December 8, 1944, 3 a. m. "Somewhere in Belgium."

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Ellison's Surgical Appliances

## MINUTES

### Of Regular Meeting of Pierce County Medical Society

March 13, 1945

The regular meeting of the Pierce County Medical Society was held on March 13, 1945, in the Medical Arts Auditorium. President J. W. Gullikson presided. Minutes of the previous meeting were read and approved.

Rev. Harold Booch spoke of the Friendship Unlimited Committee, which was organized as a Pierce County program to aid the returning veterans. It has spread statewide and is becoming a nation-wide program. Each citizen is asked to sign a pledge to give help and advice in any way that is expedient to any member of the armed forces. Cards were passed out for signatures and many of them signed. Dr. Hopkins is the representative of the Pierce County Medical Society.

The first paper of the evening was "The Differential Diagnosis of Hemoptysis," given by Dr. C. Northrup, of the State Health Department. Dr. Northrup stressed the importance of a history in diagnosing these cases, especially history of exposure to tuberculosis. The three important factors in diagnosis are, first, the history; then the usual physical examination; X-ray of the chest is a "must" before anyone should decide that there is or is not a tuberculous infection of the lungs; sputum examination has become a common procedure in the diagnosis of cases of hemoptysis or any other lung condition in which the diagnosis is not clear. Other conditions than tuberculosis which may result in bloody sputum and which should be considered are bronchiectasis, bronchogenic carcinoma, lung abscess and metastatic carcinoma. Other conditions are pneumonia, leukemia, sarcoma, cysts of the lung, mitral heart disease, pul-

monary infarction, hypertension, silicosis complicated with tuberculosis, fungus disease and varices. The paper was discussed by Drs. Sanderson, Penney and Rigos.

The second paper was by Dr. A. L. Schultz, on "Pyelitis in Pregnancy." Dr. Schultz gave a comprehensive history of the development of the present accepted knowledge of pyelitis and hydronephrosis in pregnancy. He gave a report of the literature and spoke of the confusion which still persists in regard to these cases. He ended his paper with a report of several cases, illustrated with X-ray films.

Drs. Herrmann, Buis, Teats and Gullikson gave a report of their meeting at Olympia with a committee of legislators in regard to HB 472. This bill was not reported out of committee.

The Nominating Committee reported as follows:

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 son, C. V. Lundvick.  
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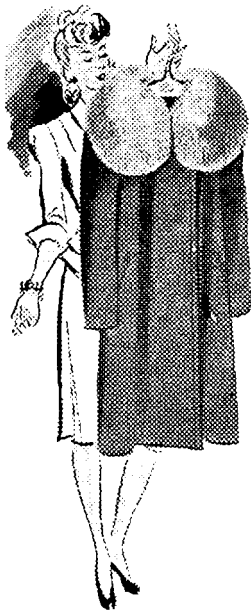
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Additional Committee Chairmen will be announced later.

Mrs. Sylba Adams will open her home on the United States Government Indian Hospital grounds to the Medical Auxiliary on Thursday, April 12, for a tea.

There will be election of officers and a tour through the new buildings of the hospital.

Anyone needing transportation will please call Mrs. George Smith at Main 3622. All those who have cars and all those planning to attend are requested to meet at the Commerce street entrance to the Winthrop Hotel at 1:15 p. m.

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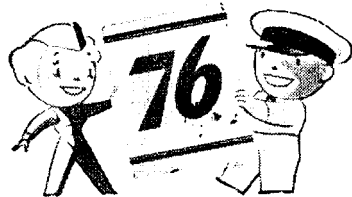


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# Correction of Physical Defects Among 4-F's a Partial Answer to the Manpower Problem

A Statement by

SENATOR CLAUDE PEPPER, *Chairman*

*Senate Subcommittee on Wartime Health and Education of the Committee on Education and Labor*  
January 5, 1945

In his letter to the President on December 30, transmitting the report of the Office of War Mobilization, Justice Byrnes emphasizes the fact that the Nation faces an acute manpower situation.

We need more manpower in the armed services, and we need more manpower in our war plants.

This is a matter that should be very seriously considered, because it has a direct effect upon the outcome and duration of the war.

In this connection we cannot afford to overlook conclusions drawn by the report of the Senate Subcommittee on Wartime Health and Education.

We have a poll of four and a half million men rejected for military duty by the armed forces because of physical and mental defects. According to officials of the Selective Service System, one-sixth of the defects for which men were rejected could be remedied with relative ease, as far as medical science is concerned.

We know this is possible because the Army has already inducted one and a half million men with major defects and rendered them fit for duty.

It is our duty, insofar as it is feasible, to remedy the defects of 4-F's not now engaged in essential occupations, so as to make them fit at least for limited military duty.

We must not assume that the 4-F's are not contributing to the war effort. Many of them no doubt are engaged in war work. Even these would undoubtedly benefit from correction of remediable defects. The greatest handicap in production is absenteeism caused by illness. Our emphasis at the moment, however, must be on those not in

essential occupations who have defects which could be remedied in such a way as to make them fit for military duty or for war work.

How can such a program be conducted? The following possibilities should be given immediate consideration:

1. *Medical treatment paid for by the Federal government and provided in communities where the men with remediable defects live.* The treatment should be given by private practitioners at standard fees or by physicians in public clinics and hospitals, in either case at Federal expense.

In communities where there are insufficient medical facilities, the treatment should be provided at the nearest available point. Treatment might also be given at Federal medical institutions such as the United States Marine Hospitals.

Voluntary methods of rendering men fit for service have been tried and have failed. The Federal government must assume responsibility for 4-F's with remediable defects as it has for the more than one and a half million men with major defects who have been inducted and rendered fit for duty by the Army.

2. *The armed services should consider very carefully the possibility of expanding the program of rehabilitation of inductees with remediable defects—such as hernia, syphilis, illiteracy, and visual defects.* The Army now inducts men with these defects, but only a limited quota each month.

I am aware of the difficulties involved in increasing the quota. The Army cannot take responsibility except where this is necessary to meet its manpower needs. I do

*(Continued on page 17)*

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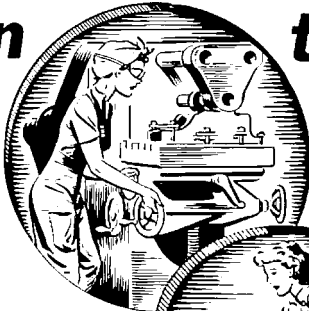
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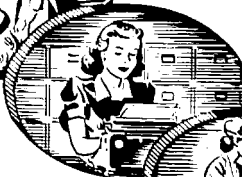
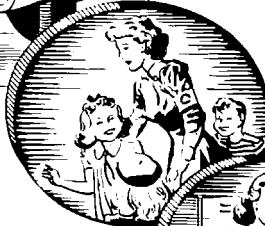
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## Improved Distribution

There is a radical difference of opinion between the Council on Medical Education and Hospitals of the American Medical Association and Selective Service regarding the drafting of premedical students for military service and the future supply of physicians in the United States. General Lewis B. Hershey states:<sup>1</sup> "After the war there will be an adequate number of physicians for there are now in the medical schools a number of students greater than the number that ordinarily study medicine in peacetime. In the accelerated program, it is expected that all these will finish their internships and be ready for practice by 1949. . . . There will be one physician for approximately each 733 persons."

The Council on Medical Education, on the other hand, admits a probable increase of 8785 doctors by 1948 but notes that the postwar standing Army will require some 8500 doctors, the Navy probably 5000, and the Veterans' Bureau 10,000. It "guesstimates" that by 1948 doctors available to civilians in the United States will actually be decreased by some 15,000. This is exclusive of those needed for rehabilitation and other health service programs in liberated countries, of the possibility of an increase in our population, and of the persistence of the increased death-rate among doctors due to the added strain of wartime duties. The Council also feels that there will be a reduction in the net output of physicians because the armed forces now utilize 53 percent of the medical school enrollment capacity and it is quite unlikely that the other 47 percent will be filled completely by 4-F's, men discharged from military service, and women.

The estimates of both General Hershey and the Council at this time are largely conjectural. No one knows what part of the 47 percent civilian school enrollment will be filled. No one knows how great will be

the public demand for physicians in the future. Physician-population ratios are meaningless considered apart from equitable distribution of physicians. In 1941 the United States had more doctors (one to each 750 persons) than any other country on earth (England had one to 1490, the Netherlands one to 820, and Sweden one to 2800). Even with this favorable ratio, there were, taking the country by and large, too few doctors in rural areas and too many in cities. Additional physicians will not necessarily change this inequitable distribution—whether there is a 15-000-doctor-deficit or an adequate one-doctor-to-each-733-persons. As stated elsewhere:<sup>2</sup> "new and more medical schools will not solve the problem of distribution of medical care."

With medical care proportionately distributed, the United States would probably not need as many physicians as it had prior to 1941. Dean Lewis, while president of the American Medical Association in 1933, stated that there were "25,000 too many doctors" in this country. A correct balance between too few and too many physicians is of paramount importance. Too few would undoubtedly mean increased self-medication by the public and more business for the cultists; too many would mean overcrowding in certain districts and might lead to such practices as "kickbacks," illegal surgery, biased court testimony, and the like.

It should be possible to obtain a more equitable distribution of physicians after the war if relocation were made attractive to the 55,000 or more physicians in the armed services, many of whom have never been in private practice and some of whom come from sections overcrowded with doctors. To do this, it is necessary to establish a registry of localities requiring doctors, to ease or remove reciprocity barriers between states, to provide for adequate laboratory

(Continued on Page 25)

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The first butter substitute was formulated at the request of Napoleon III in 1860 when he was faced with a serious butter shortage. The early product was known as "butterine," but it soon became unpopular because most of it was made in small shops without sanitary regulations. About 1870 American patents were granted for improved methods and formulae, but manufacture as well as sale of margarine has been increasingly throttled by more and more federal and state taxes, licenses and fees. Many of these have been imposed as the result of pressure politics, especially in the dairy states, at the instigation of butter manufacturers and their lobby in Washington. Five states at one time required that margarine be colored pink, but the Supreme Court fortunately invalidated the laws. Most federal institutions and the Army were not permitted to use margarine except for cooking purposes until one year ago when the restriction was lifted. Manufacturers are taxed \$600 a year. Wholesalers of colored margarine are taxed \$480 and retail outlets \$48; the fee to wholesalers of uncolored margarine is \$200 and

to retailers \$6.00. If a restaurant colors its own margarine, it must pay \$600 a year for a manufacturer's license. Recently tax authorities in Virginia discovered that the Home for Incurables and the Retreat of the Little Sisters of the Poor, unable to get butter, had purchased margarine and colored it in their own kitchen. They were found guilty of manufacturing margarine unlawfully, and fined.

Since a shortage of butter might affect the nutrition of the nation if no substitute were used or available, the restrictions regarding the manufacture and sale of margarine as well as the misconceptions existing about its use as a daily food are now the definite concern of the medical profession. Organized medicine could well exert its influence to have discriminatory legislation revoked or brought within reason. Doctors individually can lessen popular prejudices against margarine by telling their patients and their families, especially mothers and wives, that margarine is not only cheaper than butter but also for all purposes just as tasty and beneficial.—*Norfolk Medical News.*

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## Again, Sex Education

"Thirteen Is Old Enough," by Charlotte Paul, in *Coronet* for March, 1944, reiterates a principle we have propounded before. This excellent article describes an experiment in sex education among Junior High School girls in the town of Corvallis, Ore. The approach to the subject was scientific and factual, without any sentimental or moralistic taint, and stripped of its traditional fancy dress of smugness, secrecy and sin. All questions dealing with human physiology, sex relationships, reproduction, and venereal disease, received straight, unvarnished answers. The natural embarrassment of the early teen-age girl was successfully hurdled by the clever use of a question box for anonymous questions from members of the class. These questions indicated a woe-ful lack of knowledge among the girls, and demonstrated the fact that the prevailing practice of leaving such education to the parents was entirely inadequate.

It is interesting to note that this educational project with the first class of 135 girls was very successful and enjoyed 100 percent cooperation from the students, parents, churches of all denominations, and town authorities. The opinion now prevailing in Corvallis is that a child is old enough to receive careful and accurate sex education as soon as he or she reaches sexual maturity.

We heartily agree with this principle. We believe that the only weapon society has against the rising rate of teen-age sex delinquency is a thoroughly enlightened teen-age group of boys and girls. We contend that the protection afforded the majority by a thorough understanding of the problem, will far outweigh the harm which theoretically might be done to an over-curious minority.

We also believe emphatically that the approach must be through the school, as the average parent finds it too difficult to handle this problem adequately in the home. Parents as a rule are poor peda-

gogues, emotionally too close to their children to discuss such matters openly, and often so close to the woods that they fail to see the trees.

Should not the Medical Profession of Westchester County take steps now to set up an organization including representative members from the P.-T. A., teachers and school authorities, churches, public health authorities, and other interested groups, for careful discussion of this problem looking to the institution of courses in sex education in the schools of this county?

—*Westchester Medical Bulletin*

Why wouldn't this be a good project for our Pierce County Medical Society?

## Cure of Gonorrhea With Sulfa as Easy in Women as in Men.

HOT SPRINGS, ARK.—The cure of gonorrhea with sulfonamide compounds and penicillin is as easy in women as in men, despite widespread beliefs to the contrary, Drs. Ruth Boring Thomas, William E. Graham, and George R. Cannefax of the U. S. Public Health Service Medical Center here disclosed.

In 200 Negro women 90 percent passed the tests of cure after one course of treatment, chiefly with sulfathiazole, and 95 percent after two courses. In 355 white women 60 percent passed tests of cure after one course of treatment and 70 percent after two courses.

"The evidence presented here," their report stated, "indicates that under controlled conditions the bacteriologic cure of gonorrhea with sulfonamide compounds is as readily brought about in women as in men. This is true also for penicillin."

*"The Better Way"*

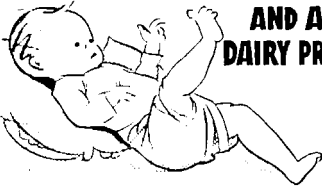
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## Manpower Problem

(Continued from page 9)

want to point out, however, that the sub-committee frequently receives letters stating that station hospital Army doctors in this country are not busy enough. My opinion as a layman is that the absorption of an increased number of men with remediable defects would be feasible and possible for the armed forces. All we recommend is that the services look into the matter fully.

3. *The Barden-LaFollette Act offers possibilities for rehabilitation of +F's.* This law makes Federal funds available to state rehabilitation agencies for medical correction of defects hindering employment. The program depends on the speed with which the individual States are willing and able to move. Certain States, unfortunately confine the program to indigents. States should take immediate action to expand their part in this program, especially as it relates to fitting men for employment in war industries.

A conference of representatives of the armed services, Selective Service, U. S. Public Health Service, Office of Vocational Rehabilitation, Farm Security Administration, War Manpower Commission and State Health Officers should be called at once to discuss this problem and recommend immediate action.

### REMEDIABLE DEFECTS

#### *Eight Examples of Correctible Defects*

(Based on the Judgment of Physicians Examining Selective Service Registrants)

No. in 4-F Pool, June, 1944

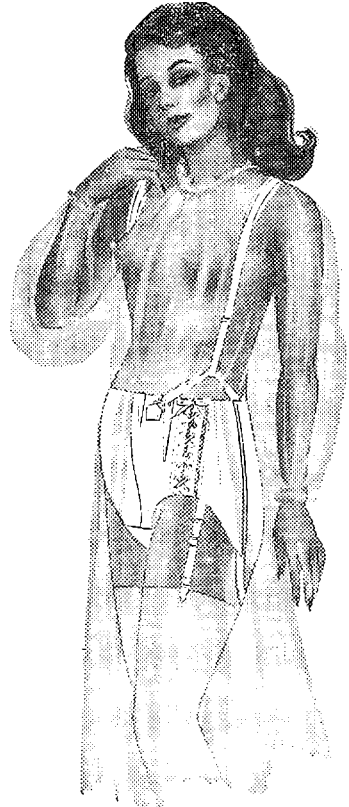
(Selective Service Figures)

- |                                                                        |         |
|------------------------------------------------------------------------|---------|
| 1. Hernia .....                                                        | 229,000 |
| 2. Syphilis .....                                                      | 286,000 |
| 3. Illiteracy .....                                                    | 250,000 |
| 4. Varicose Veins .....                                                | 42,700  |
| 5. Underweight and overweight                                          | 62,200  |
| 6. Genitalia: Undescended testicle,<br>varicocele and urethritis ..... | 42,300  |
| 7. Gonorrhoea .....                                                    | 18,300  |
| 8. Hemorrhoids (piles) .....                                           | 17,200  |

The above is only a partial list of remediable defects for which men were rejected.

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Syphilis .....	30
Tuberculosis .....	14
Vincent's Disease .....	3
Whooping Cough .....	9

**Greeley Again**

Horace Greeley, editor of the New York Tribune, was notoriously absent-minded. The Tribune office had no heating system, but warm air was coaxed up through wooden boxes from the boiler room in the basement. One cold Sunday the editor came in after church, and, pulling off his boots, thrust his stockinged feet into the opening in the floor, and was soon immersed in the Sunday paper. The day foreman, prowling about, observed, "There's no heat coming up from downstairs, Mr. Greeley. The boiler is being fixed."

"You damned fool," stormed Greeley, "what did you tell me that for? I was just getting nice and warm."—*Cleveland Engineering.*

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The American Physicians Art Association, through the cooperation of Mead Johnson & Company, announces the following Prize Contest:

1. **SUBJECT:** "Courage and Devotion Beyond the Call of Duty" — on the part of members of the medical profession — in military or civilian practice. Any contestant may portray either the military or civilian aspect of the subject (or both, if shown in one piece).
2. **MEDIA:** The physician-artist's choice of one of the following:
  1. PAINTING in oil or egg tempera.
  2. WATER COLOR, transparent or opaque.
  3. SCULPTURE in any medium.
  4. DRAWING in any medium.
  5. PRINTS, including etching, engraving, lithography, wood block and linoleum block (on paper or cloth).
  6. PHOTOGRAPHY, including bromoil, tinted and kodachrome, as well as photo-montage.

**SUGGESTIONS: COMPLETE SKETCHES FOR MURAL DECORATIONS:** In oil, egg tempera or water color drawing; **PHOTO MURAL; BAS RELIEF SCULPTURE:** are all eligible.

3. **ELIGIBILITY** — See Footnote \*
4. **DEFINITION** — See Footnote \*

### 5. PRIZES: Forty-two prizes, divided amongst the two groups of physicians:

To medical officers:	To civilian physicians:
1 \$2,000 War Bond (E or F series)	1 \$2,000 War Bond (E or F series)
10 \$1,000 War Bonds (E or F series)	10 \$1,000 War Bonds (E or F series)
10 \$ 500 War Bonds (E or F series)	10 \$ 500 War Bonds (E or F series)

No physician may submit more than one piece nor win more than one of the 42 prizes. No physician is eligible for a prize unless he also submits for exhibition at either the 1945 or the 1946 annual exhibition of the A.P.A.A. at least one other original work (not previously exhibited at an A.P.A.A. exhibition) in any medium, on any subject of his own choice. Prizes will be awarded on a basis of conception and execution, irrespective of medium employed.

6. **JUDGES** — See Footnote \*
  7. **EXPIRATION DATE** — See Footnote \*
  8. **PURPOSE OF THE COMPETITION:** To memorialize the heroism and devotion of the medical profession in war and peace. All exhibitors (including prize-winners) shall retain ownership of their pieces. It is understood, however, that the A.P.A.A. shall have reproduction rights and also the privilege, for a period of three years after the close of the contest, of displaying prize-winning objects, at art museums, libraries, county medical societies, medical schools, hospitals, and similar institutions for the purpose of enhancing the public's estimate of the medical profession. The Association shall also have the right to offer institutions such as those mentioned above, the privilege of copying any of the prize-winning objects for use as murals, cornerstones, friezes, architectural designs, etc. — for the purpose of memorializing the medical profession's importance in war and in peace.
- \* **FURTHER INFORMATION** available on request of the Association's Secretary, Dr. F. H. Redewill, Flood Bldg., San Francisco, Cal., or Mead Johnson & Co., Evansville, 21, Ind., U.S.A.

"Peptic ulcer has established itself as an important medical problem in the armed forces of all the warring nations. At Tilton General Hospital, peptic ulcer constitutes almost 44 percent of the cases admitted to the Gastrointestinal Section."—*Capt. J. Edward Berk, M. C., Tilton, General Hospital, Fort Dix, N. J.*

He walked up to the store manager, fresh from an encounter with one of those Go Way I'm Busy! type of clerks.

"Isn't there," he said, "a sign in your window that says, 'We aim to please?'"

"Yes, that's our motto," was the pleased reply.

"Well, how's about a little time off for some target practice?"



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# GLYKERON

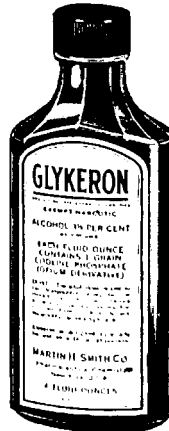
### A Bronchial Sedative

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*Literature on request*

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## Improved Distribution

(Continued from Page 11)

facilities and hospital affiliations, and possibly to grant subsidies. Military physicians, already uprooted and wondering what the future may have in store for them, would form a desirable nucleus for such a project to improve this country's distribution of medical care—*Norfolk Medical News*.

1J.A.M.A. 125: 1045 (Aug. 12) 1944.

2J.A.M.A. 125: 1144 (Aug. 19) 1944.

## The Best Things

We hear people frequently mention the "Best Things of Life." What are some of these best things? I suppose each person might have a different answer. In glancing through an old scrapbook of mine I came upon a list of best things made by Henry F. Kobs. Perhaps you would like to look over my shoulder and read the list:

The Best Law—The Golden Rule.

The Best Education—Self-Knowledge.

The Best Music—The Laughter of a Child.

The Best Medicine—Cheerfulness and Temperance.

The Best War—The Fight Against One's Own Weakness.

The Best Science—Extracting Sunshine from a Cloudy Day.

The Best Art—Painting a Smile on the Face of a Child.

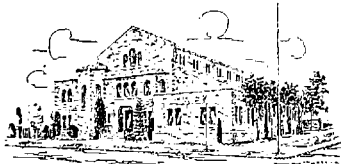
The Best Telegraphy—Flashing a Ray of Sunshine into a Gloomy Heart.

The Best Biography—The Life that Writes Charity in the Largest Letters.

The Best Mathematics—Multiplying the Joys and Dividing the Sorrows of Others.—*St. Louis County Medical Society Bulletin*.

Our idea of sweet revenge is a chiropractor giving an adjustment to the dentist who pulled the wrong tooth for him.

*Modern and Moderate . . .*



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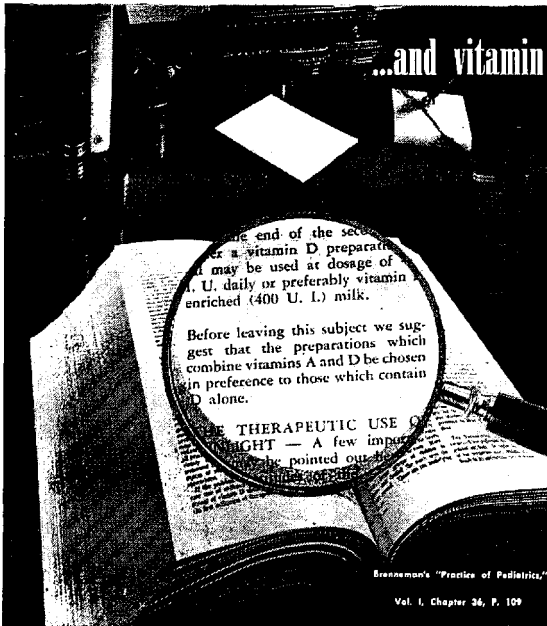
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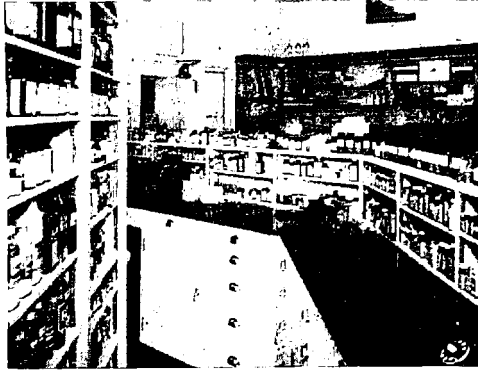
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Brenneman's "Practice of Pediatrics,"

Vol. I, Chapter 36, P. 109



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For thirty-five years we have consistently co-operated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

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Our store is centrally located and easy to

find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

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H. E. GREENWOOD  
Fire Insurance



# Bulletin

Vol. XV—No. 5



MAY, 1945

## *Program*

### ANNUAL BANQUET

The annual banquet of the Pierce County Medical Society will be held on Tuesday, May 8 at 7:30 p. m. in the Junior Ballroom of the Winthrop Hotel.

A social hour with refreshments is planned for 6 o'clock in the Presidential Suite. Good entertainment has been arranged for the evening.

Every member is expected to be present. Please send reservations in early, as the number who may attend is limited.

# Pierce County Medical Society

1944-1945

## OFFICERS

President.....	J. W. Gullikson
President-Elect.....	W. H. Ludwig
Vice President.....	R. D. Wright
Secretary-Treasurer.....	W. B. Penney

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J. W. Gullikson	E. W. Janes
W. H. Ludwig	S. M. MacLean
S. F. Herrmann	T. K. Bowles
R. D. Wright	C. F. Engels
W. B. Penney	L. A. Hopkins
C. H. Denzler	Clyde Magill

## Delegates

C. R. McCreery	C. F. Engels
E. W. Janes	R. D. Wright

## Alternates

S. M. MacLean	C. V. Lundvick
Clyde Magill	T. K. Bowles

## Business Bureau Trustees

Clyde Magill	S. M. MacLean
L. A. Hopkins	C. B. Ritchie

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### Membership

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K. W. Douglas, Chairman
L. J. Hunt

### Maternal and Child Health

D. H. Johnson	H. T. Clay, Chairman	D. M. Dayton
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### Library

W. W. Mattson, Chairman
A. L. Schultz

### Industrial Hygiene

C. R. Fargher	R. D. Wright, Chairman	S. S. Sanderson
	F. A. Plum	

### Bulletin Staff

L. A. Hopkins.....	Editor
W. W. Mattson.....	Business Manager

## More Doctors for the Navy

It was a distinct surprise to most of our doctors to receive in a recent mail a statement asking for 3,000 medical men for our Navy. The need is stated as definite and immediate.

Opinions regarding Army medical service in the states and non-combat areas may make us wonder at times regarding the basis for this need, but there are facts we should keep in mind. There are now 44,000 doctors caring for our Army of 7,700,000 men which means there are 5.8 doctors for every 1,000 soldiers. The Army is up to full strength and there will probably be no further need for an increased Army medical personnel.

With the Navy there are now 11,000 doctors to care for its 3,600,000 men or 3.1 doctors for every 1,000 sailors. This ratio is the most probable reason for the Navy's present increased needs. The lowered physical requirements for Navy service are far reaching to say the least. The enlistment age limit is raised to sixty years; blood pressure up to 160 and overweights are accepted; allergies are waived as are inactive stomach and intestinal lesions. In short if a doctor can carry on an active private practice the Navy can use him.

The door is opened wide for many doctors under 38 regardless of their previous draft classification.

This situation vitally concerns all of us, but much more so the younger doctors who have been examined at intervals during the past three years and for specific physical reasons have been classified as not acceptable by either the Army or Navy. On that basis they have planned their work only to be faced at this time with the immediate prospect of a complete change, which in most cases will be more difficult to make than had they been accepted into the service earlier.

Regardless of our individual situations the Navy has definite needs in this drive for more medical personnel. Plans for our own Madigan Hospital to be enlarged to

7,500 beds is typical of many other military hospitals and an increase in hospital beds must always require an increase in medical personnel. Doctors have been trained by practice and precept to meet emergencies and the Navy will have their 3,000 men.

## PERSONALS

Dr. Frank J. Rigos spoke to the Tacoma Kiwanis Club April 10th in the interests of the current Cancer Prevention drive.

Dr. J. V. Schwind will get a real taste of Army life when he is inducted at Fort Lewis about May 20th. He will have more experiences to relate to his children than those doctors who have entered the service in the orthodox manner.

Dr. Wm. Rademaker is now occupying J. V.'s office where he will endeavor to continue a two-man practice.

Dr. Lewis Hopkins is severing his five year service as Medical Director of the Pierce County Medical Bureau. His office location in the Medical Building has not as yet been decided.

The most recent member of the "Oldsters Appendectomy Club" is Dr. S. L. Blair. The offending member was removed last week and the Doctor is experiencing a taste of the medicine he so efficiently served to a great many of his patients.

Captain Hillis F. Griffin was a two weeks visitor to his family and friends last month. He had a busy fourteen months in Europe and returns to an Evacuation Hospital probably in Germany.

Dr. Frank Maddison is now Major Maddison at Camp Callum, San Diego. The result of much efficient work in Cardiology.

Dr. Haskell Maier has taken the offices of Dr. Ed Warren and in common with the other E.E.&T. men is finding plenty to do.

Dr. Guy E. Griffith is still at Tacoma General Hospital. He is showing improvement but slower than he and his many friends desire.

## Pierce County Health Department In New Location

The Pierce County Health Department is now located in new quarters at 2324 Pacific Avenue. This is a milestone in progress inasmuch as in 1937 the Pierce County Health Department constituted a part time health officer, one graduate nurse and one inspector. In 1938 the office was changed to a full time Health Department constituting a full time health officer, nine public health nurses, two sanitarians and one vital statistician. During the past seven years the departments have increased personnel. More space was needed because of added services being rendered by the department.

Approximately two and one-half years ago a study was made whereby more space could be made available. The Pierce County Commissioners purchased the building at 24th and Pacific, formerly known as the Sears & Roebuck Building. A Federal grant to the extent of \$68,000 dollars was effected which was used for the renovation of the lower floor for Health Department quarters. All Public Health Clinical Services now rendered at the Pierce County Hospital will be moved to the new location, that is, pre-natal care, well baby, tuberculosis and venereal diseases.

Each and every physician in Tacoma is invited to visit the new health unit.

N. E. MAGNUSSEN, M. D.

## Hygeia

A few months ago Mrs. J. B. Robertson spoke to our Medical Society, asking support from our doctors in subscribing to Hygeia. She made such an excellent presentation and her follow-up work was so effective that she secured 183 subscriptions. Her work was further rewarded by her winning a first prize of \$25.00, which she graciously donated to the Woman's Auxiliary. \$400 was awarded as prize money throughout the United States and of this amount the state of Washington ranked first, winning \$170.00.

# DOCTORS AND THEIR TAXES

by

**F. L. HOHENSINNER**

*Former Chief, Miscellaneous Tax Div. of Internal Revenue*

To the average doctor his taxes, particularly Income Taxes are a nightmare. To expect him to wade through ambiguous legal terminology and accounting principles would be like advising his patients to try home remedies for their ailments.

Doctors do not recommend home remedies for obvious reasons. Neither would I in complicated tax matters for the same reasons. Years of specialized study are required in both instances and each, in turn offers the recipient the benefit of his accumulated knowledge and experience. Twelve years of Internal Revenue experience on the inside compels me not to underestimate its importance.

I have left that Service because I feel there are greater opportunities in serving the individual and specializing in a given field. I have chosen your profession from a standpoint of taxes together with Estate, Gift and Inheritance taxes.

Am also prepared to assume responsibility for your bookkeeping, preparing and filing of all periodic tax returns for a nominal monthly fee which, incidentally is deductible for Income Tax purposes.

**F. L. HOHENSINNER**

*Tax Consultant*

**614 Perkins Bldg.**

**Phone MAin 5225**

## It's Still Your Baby, Doctor!

By CAROL JABUSH

The test-tube baby was born after long hard labor pains, much doubtful head-shaking and nervous floor-pacing.

In times past Mother Necessity had given birth to other unusual children, but this one, chastely fathered by the medical-dental profession, looked different from anything anybody had seen before.

"What shall we name it?" they wondered. So all the relatives went into a huddle and came up with a tag for the strange new infant. It was duly christened the "Physicians and Dentists Business Bureau."

"Big name for such a little baby," was the opinion of some. For of course everybody wasn't pleased with the choice. Everybody wasn't pleased, even, that the little test-tube experiment had been born alive and kicking.

"A little baby, but a big noise," said others. And in its first few weeks of life back there in 1931, it did make quite a big noise. It kept its papa on the run, seeing about hot water bottles, diapers and what have you. Its thin and lusty wail was heard throughout the Medical Arts Building and well beyond.

There was a trustees' meeting at least every week to see that the baby had everything it needed, and to change its formula if it wasn't showing the proper gain in weight.

After a while the baby quit squalling so much at night, and a capable household staff got into the groove, so that papa could relax his vigilance a little and get caught up on his sleep.

The baby grew quite rapidly and soon showed signs of precocity. Its collection department became quite plump and muscular; its telephone exchange cooed and gurgled with unmistakable intelligence; from a completely bald beginning, its credit department grew a nice downy fuzz which showed promise of later fluffy luxuriance;

the baby's various appendages developed in an intriguing manner.

Proud papa threw out his chest a bit about this extraordinary infant. Visitors came to see and admire, and went home inspired to have test-tube babies of their own. In due time other medical-dental business bureaus were born in other counties and states, all bearing more or less resemblance to the Pierce County child.

But all wasn't easy going for this youngster. Measles, mumps and other to-be-expected diseases caused temporary setbacks. Besides—this was a depression baby! As the Gloomy Thirties passed by, it became harder and harder for papa to make ends meet, and he cast about for means of reducing expenses. Critically he scrutinized the Bureau's home set-up.

"Too many frills," was his comment. "Have to cut out all the toys and fancy clothes. This kid will have to grow up in a hurry and pay his own way. It's all I can do to feed my own natural offspring without taking care of this test-tube child too. He's supposed to be on his own, now that he's old enough to walk."

The Bureau did its best. With less to eat and less to wear, it carried adult burdens on its youthful shoulders. The only school this child had time to attend was the school of experience. It often grew weary to the point of collapse—but the faithful household staff worked hard and made personal sacrifices to keep up the youngster's morale. Somehow the Bureau managed to muddle through the difficult depression years.

When people began to speak of the depression in the past tense, the Bureau felt a surge of new hope. Now folks could pay their bills in cash—maybe the Bureau's life would have a little sunshine in it again. It had learned, the hard way, how to do its

*(Continued on page 17)*

# A COMPLETE LINEN SUPPLY For DOCTORS and DENTISTS

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PAPER CUPS (*We furnish fixtures*)

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**AT NO EXTRA COST!**

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TACOMA-OLYMPIA LAUNDRY**

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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

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President-Elect.....	Mrs. Lester S. Baskin
First Vice President.....	Mrs. Stefan S. Thordarson
Second Vice President.....	Mrs. George H. Smith
Third Vice President.....	Mrs. Benjamin T. Terry
Fourth Vice President.....	Mrs. Archibald Howe
Secretary.....	Mrs. Hillis F. Griffin
Treasurer.....	Mrs. Lawrence E. Skinner

**COMMITTEE CHAIRMEN**

Social.....	Mrs. Carl S. Staatz
Publicity.....	Mrs. D. H. Johnson
Hygeia.....	Mrs. J. Benjamin Robertson
Telephone.....	Mrs. G. H. Smith

Additional Committee Chairmen will be announced later.

**The Hygeia Contest**

Again has the Pierce County Auxiliary won national honors in the annual contest for subscriptions to Hygeia, under the chairmanship of Mrs. J. B. Robertson.

In competition with auxiliaries having memberships from 43 to 542, the local group won second prize of \$25.00, which Mrs. Robertson turned over to the Auxiliary at its April meeting.

Mr. Cargill, circulation manager of Hygeia, in congratulating Mrs. Robertson, asked her to give some suggestions that might be helpful to other workers, to which she responded that one must first believe in Hygeia and second must have the whole-hearted cooperation and assistance of the doctors and their wives.

It is interesting to know that Mrs. Robertson's name will be engraved, in company with the names of other chairmen of winning Hygeia Committees, on a silver plaque presented to the National Auxiliary by Dr. H. L. Kretschmer as a memorial to Mrs. Kretschmer, who was an ardent Hygeia worker.

The Annual Meeting of the Auxiliary will be a luncheon at Dahlem on May 10 at 12:30 p. m.

The annual business meeting will be held and officers for the new year will be installed.

Dr. J. E. Skinner, the father of Dr. Lawrence Skinner, will speak on his medical experiences in China.

## Doctors and Nurses Attention

We have for sale, a ten bed hospital, with a lovely modern home having basement and furnace, attached. Also caretakers' quarters and double garage. Situated on 3 1/2 acres, with 160 commercial holly trees bearing, having grossed \$1600 in each 1944 and 1945 from holly alone. Other numerous fruit and nut trees, 200 feet waterfront, on paved highway, unsurpassed view of Sound and mountains.

This hospital serves the entire peninsular area all the way to Port Orchard, therefore is an ideal location. The price is far below its reproduction cost, being only \$17,500.00, down payment \$6,000, balance \$100.00 per month including 6% interest, which the holly trees alone should make the payments on. Hospital equipment may be separately purchased. For appointment to see this attractive property, see or write Harry M. Smith, or telephone, days, BR. 2155; evenings, LA. 3056.

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## Tacoma General Hospital

Miss Dorothy Glynn reported for duty as Director of Nurses at Tacoma General Hospital on April 10th. Miss Glynn has been associated with Suburban Hospital at Bethesda, Maryland, for the last two years, and prior to that was Director of Nurses at Norwegian-American Hospital, Chicago, for six years. She received her B. A. degree at Colorado State Teachers College, and took her professional training at Kähler Hospital School of Nursing, Rochester, Minnesota.

On Friday evening, March 23rd, Miss Naomi Evans, bookkeeper for Tacoma General was married to Mr. Winston McCallum, at the Immanuel Presbyterian Church. Naomi has been one of the most popular members of the office staff, and she and Mac have everyone's best wishes for their future happiness.

Dr. R. A. Powell, resident, received his "Greetings from the President of the United States" recently, and is now on active duty with the United States Navy.

Miss Edna Halverson is a new Instructor in the Nursing School. She received her B. A. degree from the University of Minnesota, and her professional training at St. Paul Hospital School of Nursing, St. Paul, Minnesota.

Mrs. McDonald, Supervisor of Surgery, was requested to attend the Medical Staff Meeting in April, at which time she was presented with a lovely set of sterling silver by the doctors, as a wedding present. It was a handsome gift, masterfully presented by Dr. Joseph Hansen, to the bride.

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

## The School Child's Breakfast

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the nights fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pablum. Pablum furnishes protective factors especially needed by the school child, especially calcium, iron and the vitamin B complex. The ease with which Pablum can be prepared enlists the mothers cooperation in serving a nutritious breakfast. This palatable cereal requires no further cooking and can be prepared simply by adding milk or water of any desired temperature.

## Grand Rounds at Pierce County Hospital

Grand Rounds are held at the Pierce County Hospital every Saturday morning, 8:30 a. m. to 9:30 a. m. Any, or all, members of the Pierce County Medical Society are most welcome to join in these rounds with the house staff and those of the visiting staff who are generally regular in attendance. There is a good variety of medical and surgical cases, the review of which are worth while for the time spent.

A sign in a restaurant reads: "Due to conditions beyond our control, our menus, our service and our attitude are not what they should be."

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## Reason For Starting Work on New Hospital

As Set Forth by the Hospital Committee of the Tacoma Orthopedic Assn.

Early in November of 1944, the hospital committee chairman of the Tacoma Orthopedic Association, was approached by Dr. Clay and several interested citizens, suggesting that a childrens hospital be recommended for the permanent War Memorial. Since the National Committee on war memorials was stressing the erection of living war memorials placing emphasis on promotion of physical fitness, especially among children, it seemed that such a hospital would serve as a true memorial.

Much data regarding the need of a children's hospital was collected prior to this suggestion, which we shall set forth below.

After meeting with members of the Post War Planning Commission, we were told that after months of research and study, their findings indicated that Tacoma will have a population after the war of approximately 300,000. Further interviews with the medical men dealing with the problem of medical care for children encouraged the committee to continue their efforts. The two pediatricians were anxious to see a separate unit for children in Tacoma. Emphasis was placed on the need of a staff of well trained pediatric nurses. (To date we have no trained pediatric nurses in the city.) Interest was shown in having a well equipped psychiatric clinic for both children and parents. Dr. Clay felt that great progress could be made in our ever increasing problem of juvenile delinquency if such a service could be offered. The College of Puget Sound (Dr. Marvin Schafer and Dr. Paul Fossum) asked that such a clinic be included so that the college could use it as a training center for their students in psychiatry. The Tacoma General and Pierce County hospitals agreed that a children's unit should be outside a general adult hospital, and that if possible, should offer a training center for their students in pediatrics.

The committee met with Dr. L. E. Powers (then director of the State Department of Public Health) and his assistant, Dr. Kayle. They pointed out the need not only for a unit in Tacoma to serve southwestern Washington, but also the need for units in the central and northern areas of the state. They informed the committee that:

A city with a population of 100,000 could and should support a childrens general hospital.

That the unit should be a minimum of 100 beds—this size unit would also meet the American Hospital requirements as a training center for pediatric nurses.

The 1940 census figures (peactime) for children is 72,132 in the counties of Pierce, Thurston, Mason, Grays Harbor, Pacific and Lewis.

That the cost of construction of hospitals is estimated at \$5,000.00 per bed, and additional \$500,000 to equip.

That it should be planned architecturally so that it could be enlarged.

They said that the need was definitely here, and if the community would support the project, it would offer a great service, and should be done.

The Gyro Club upon hearing of the plans, came to the committee chairman and offered their support. They wanted to consider some part of the hospital as their particular project and would plan to turn their money over to the committee each year to be earmarked for a specified part of the building.

The local chapter of the Infantile Paralysis Foundation have expressed their desire to support the hospital whole heartedly, and the National Foundation will fully equip the physical therapy department.

The Tacoma Junior League has chosen the occupational therapy department for their project. They will equip and staff the department.

Approximately 175 letters were sent to various service clubs, health and welfare

(Continued on page 15)



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## Present Neuropsychiatric Trends

BURTON A. BROWN, M. D.

The accelerated tempo of living under present war time conditions with its many dislocations of family and home, worries and tensions incident to the general disruption, overwork and the many increased delinquencies and vices have all exacted their toll from the nervous and mental stability of our population. The very noticeable increase in liquor consumption, and the many dissipations that are not so prevalent in normal times, are also factors in domestic infelicity and tribulations that today so commonly are exciting causes of emotional outbursts and actions that present symptoms of psychoneurosis, or definite psychosis, in so many individuals who under more normal circumstances could well withstand the strains of every day living. There has been a decided increase in the number of patients being received both by court order and by request of private physicians for observation to determine the mental status. The majority of these cases, at the present time, are committed as definitely psychotic. Many are controlled with difficulty, not only cases of general misbehaviour but usually violence requiring use of hypnotics, sedatives, and physical restraint. The private hospitals find these cases highly undesirable for obvious reasons, and they therefore, are a definite responsibility of public hospitals.

The post-war period will probably see for some time a prolongation of present trends. Out of present experiences in the institutional care of these psychotics, there is crystalized a consensus of medical opinion shared in alike by the psychiatrist, the jurist, and the hospital administrator; namely that every general hospital today, of any size or importance, should have a neuropsychiatric unit, this unit to be specifically planned for the adequate management of these variable types of cases under the variable individual demands and that

it should be adequately staffed both by the visiting and resident medical staff and nursing staff where special training is a feature. Many of these neuropsychiatric cases, during their period of designated observation, can then be more completely diagnosed and treated and a large proportion rehabilitated and returned directly to their home without the formal and expensive process of legal commitment to state institutions which are usually overburdened. While there is a growing public acceptance of, and reconciliation to the necessity for committing, there still remains and probably always will remain, family reluctance and hostility to such humiliation. This can be reduced to a minimum and the greater time loss and duplication of effort and expense, can be obviated by a program of better diagnosis and treatment in the general hospitals. Many cases of toxic psychosis, based upon some correctable condition, can be restored without burdening the state hospitals. Likewise, shock therapy for schizophrenia, melancholia, etc., hyperpyrexia for parietic dementia, and an improved general management of cases in consequence of better department and staff organization can be carried out favorably and in a fair number of cases, with a much greater proportion of these patients restored to society directly, with less expense, and time, and a minimum of patient and family perturbation. This is the present day trend throughout the country and our hospitals of the Pacific Northwest should not lag in this respect. A well planned, properly managed and adequately staffed neuropsychiatric unit or department is the answer.

---

Dr. D. F. Dillon reports from the City Hospital at Jersey City, N. J., that he is enjoying his residency there in the G. U. department.

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## MINUTES

### Of Regular Meeting of Pierce County Medical Society

April 10, 1945

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on April 10, 1945, with Dr. J. W. Gullikson in the chair. Minutes of the previous meeting were read and approved.

Mrs. Stanley Staatz outlined plans of the Tacoma Orthopedic Association for a war memorial, to be known as the Childrens Hospital. She stated that a great deal of interest had been created for this purpose and is to send us a communication asking for approval of the Pierce County Medical Society to the plan.

Mr. G. W. Gahan, of the Pacific Telephone and Telegraph Company, spoke of the requirements for placing telephones in homes of serious illness and called the doctors' attention to their responsibility in the matter.

The first paper, "The relation of chest pain and heart disease," was given by Dr. T. H. Duerfeldt. Dr. Duerfeldt stated that the only pain in the chest due to the heart is that caused by interference with the coronary circulation and listed the following conditions which should be considered ordinarily: angina pectoris, coronary thrombosis, neurocirculatory asthenia, spasm of

the descending colon, intercostal neuralgia, herpes zoster, pylorospasm, cardiospasm, pulmonary infarction, spondylitis, adhesive pericarditis and allergy. The paper was discussed by Drs. Janes, J. M. Mattson and Turner.

Dr. George Kunz, Jr., read a paper on "Acute pelvic pain." Dr. Kunz gave an outline of the common causes of pelvic pain, with the differential diagnosis. Those he considered most important were appendicitis, acute salpingitis, ectopic pregnancy, endometriosis, uterine tumor, torsion of ovarian pedicle, ovarian cyst, dysmenorrhea and diseases of the urinary tract. The paper was discussed by Drs. William Mattson, Vadheim and Wright.

Dr. Niethammer stated that plans were being made for the annual banquet on May 8th, to be held at the Winthrop Hotel.

Dr. William Mattson made a report for the Library Committee and made a request for the donation of more magazines to the library. He stated that we should have a subscription list of at least 100.

Dr. Rigos made a plea for consideration of the Cancer Committee drive which is in progress at the present time.

Election of officers was held and the following were declared elected:

President-elect.....L. A. Hopkins  
Vice President.....W. A. Niethammer  
Secretary-Treasurer.....J. L. Hansen  
Trustees: S. M. Herrmann, S. E. Light, T. H. Duerfeldt, F. J. Rigos.

Delegates to State Association: A. L. Schultz, P. C. Kyle, J. M. Mattson, C. V. Lundvick.

Alternates: T. K. Bowles, S. R. Sleep, A. W. Howe, J. R. Turner.

Business Bureau Trustees: W. A. Niethammer, J. L. Hansen, J. L. Vadheim.

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## New Hospital

(Continued from page 9)

agencies asking for their signatures if they approved the plan. The result from these letters has been most gratifying. To date 2,034 signatures have been returned; nine boards have asked for additional information.

Seattle childrens hospital statistics show that over 400 Tacoma and Pierce county children were hospitalized in Seattle in the last five years.

The committee is not saying that the children's hospital is the best war memorial. It is, after all, a community project and should be accepted or rejected on its own merits.

If it is at all financially possible for Tacoma and Pierce County to build a Childrens General Hospital, it is hoped that it can be done, whether or not it is chosen as a memorial.

If through having a childrens hospital, we can help save the lives of children for some of those who were lost, we cannot say that the memorial is serving to meet some one of our own more personal desires. The hospital would also offer inde-

pendent memorials for those families who may wish to endow an individual bed or room, in memory of some member of their family.

MRS. STANLEY STAATZ, *Chairman*  
 MRS. R. K. REYNOLDS  
 MRS. A. N. GUNDERSON

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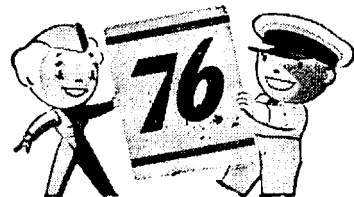
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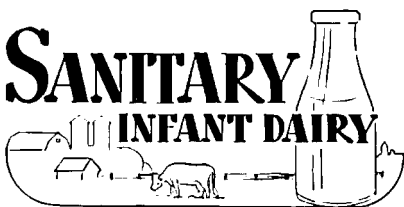


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## It's Still Your Baby, Doctor!

(Continued from Page 5)

tasks well, and now perhaps it could spend less effort in trying to get the traditional blood-out-of-a-turnip, more in obtaining fruitful results. Maybe it could balance the budget, too.

But during the lean years many doctors and dentists, in dire need of their money, had gotten into the habit of sending their collection accounts to commercial agencies, whose results often were obtained without benefit of the ethical standards set up by the profession for the Bureau—agencies who charged higher commission rates. This habit naturally continued in numerous cases; although many other men have always been loyal to their own organization.

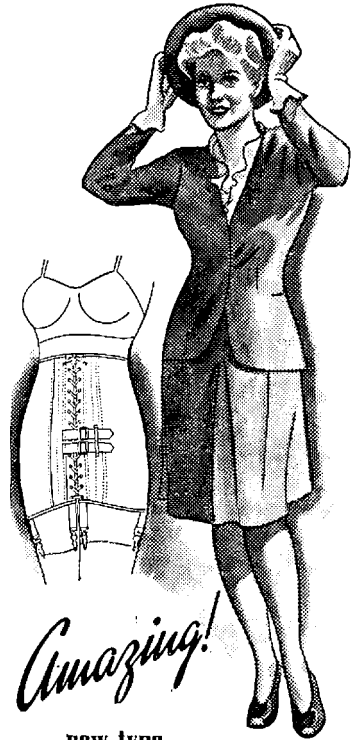
The Bureau's service department, with its low rates, was taken for granted, and a variety of miscellaneous services, in addition to telephone calls, came to be expected of the Bureau. In a few individual instances doctors called upon the Bureau for these services without even paying the nominal monthly fee required of Bureau members.

All this neglect and disunity on the part of its once proud parent made it hard for the Bureau to make revenue equal essential expenses.

With the war came an abnormal situation. Doctors who were called into service placed their accounts, in toto, with the Bureau for handling—at special lowered rates. This brought about a temporary apparent prosperity. But after the service doctors had been gone for a while, and the most liquid of their accounts collected, the Bureau found itself with a reduced number of subscribers on its exchange, although the telephone bill was just as high as ever; with fewer sources from which to obtain new collection accounts; and with far, far more time-consuming requests from the public for information and service.

The doctors still in civilian practice, overwhelmingly busy, careless about Bureau tele-

(Continued on page 19)



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## It's Still Your Baby, Doctor!

(Continued from Page 17)

phone service and some have dropped their membership. More of them have new, inexperienced office assistants who fail to get needed information of collection value from patients. More of the honorable patients can and do pay their bills promptly to the doctors. Hence, while the doctors are prospering, not only the quantity but the quality of accounts assigned to the Bureau has gone down—with transients and dead-beats in the majority.

So right now, the Business Bureau is passing through another difficult period. We might call it the awkward age—after all, it is only fourteen years old.

After the war the doctors may have greater need than ever for the services which only their Business Bureau is equipped to provide. After the war the Bureau wants to be right on the job—not weakened by malnutrition, but ready, able and willing to aid the doctors.

And it will be—if to the efforts of the Bureau's loyal personnel are added more understanding, tolerance and cooperation on the part of all the doctors and dentists—to help carry the Bureau through.

This earnest plea comes from one who has been sincerely interested in the Business Bureau's welfare since its inception in 1931 (who might be called, perhaps, an attendant in the birth room when it was born\*), and who is now its new manager, having succeeded Miss Christoferson in April.

Let's work together. For the Business Bureau is still YOUR baby, Doctor!

(\*Editor's Note: In 1931 Mrs. JaBush was secretary to Dr. Horace J. Whitacre, one of the active leaders in founding the Business Bureau.)

The physicians' hospital fund was subscribed to by the doctors of this county for the purpose of paying hospital bills of the families of our doctor members in the service. During the past year hospital bills amounting to \$574.91 have been paid, leaving a balance of \$1,925.00 in the fund.

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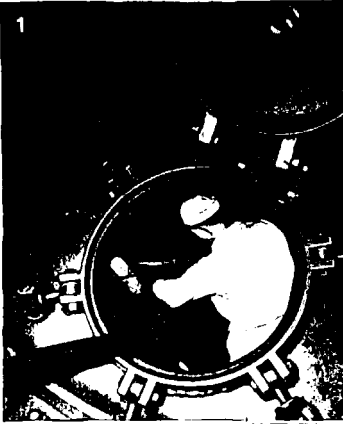


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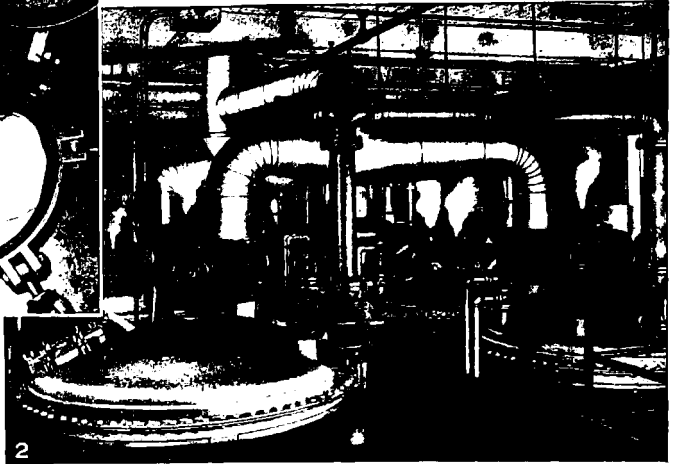


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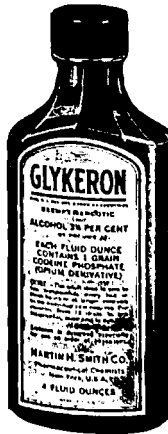
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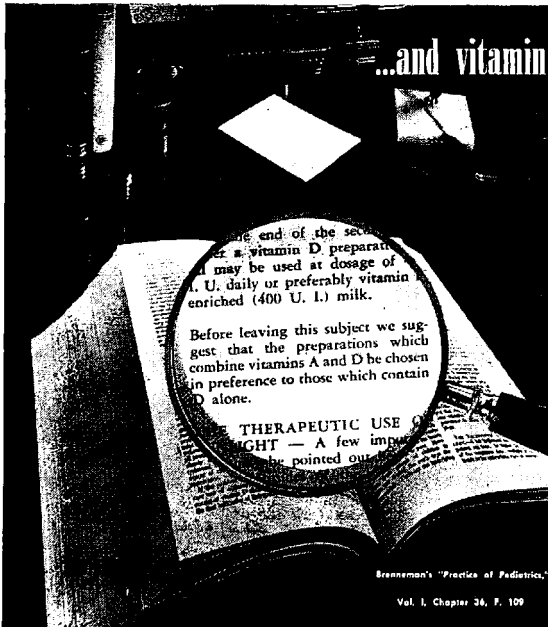
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Brannerman's "Practice of Pediatrics,"

Vol. I, Chapter 26, P. 109

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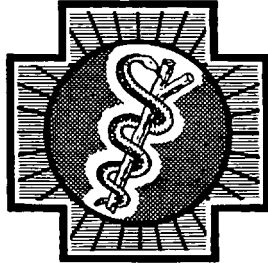
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# Bulletin



Vol. XV—No. 6

SEPTEMBER, 1945

## *Program*

SEPTEMBER 11

Medical Arts Auditorium—8-15 P. M.

**Program Under the Direction of Dr. C. R. Fargher**  
*Director of Health, City of Tacoma*

1. Slides showing important diagnostic lesions of the venereal diseases and certain other lesions to be considered in differential diagnosis.
2. A movie on cancer, showing the progress made in early treatment in the Province of Manitoba.
3. Demonstration of some of the 4"x5" X-rays taken in the recent tuberculosis survey of this community.

# Pierce County Medical Society

1945-1946

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### Bulletin

Editor.....	L. A. Hopkins
Business Manager.....	W. W. Mattson

## The Doctors' National Voluntary Health Plan

The 14-point Medical Care program, presented in the July 21 issue of the J.A.M.A., should be carefully read and reread by every physician. It is the basis for our present and future arguments that voluntary health insurance is superior to any overall federal system.

We should appreciate the fact that it is addressed to the general public and so contains much that is self evident to the profession. Its policy to develop better national living and health conditions will be readily subscribed to by everyone, but to accomplish that end without increasing taxation will be the concern of only a small minority.

In this program, which we must appreciate is our program, the most pressing and difficult problems seem contained in plank 4, which relates to sickness insurance.

If voluntary sickness insurance plans could, within the next year, be made to function throughout this country, the Medical care provisions of the Wagner-Murray-Dingell bill would be a dead issue.

We are confronted with the necessity for a much longer period of trial to educate the doctors as well as the public for general acceptance of voluntary sickness insurance, with which both parties must be satisfied. Experience in this state has shown that the basic difficulties are financial.

The inclusion in plank 4 of the word 'needy' poses a real hurdle. Some recent state plans only include single workers earning not over \$1500 per year and married workers not over \$2400 in their prepayment plans. Certainly there would be a to-

tally confusing variety of opinion to make the term 'needy' a yardstick in the discussion as well as the operation of the complicated project. We are blind indeed if we think only the 'needy' are insisting on prepaid medical care.

Real problems present themselves after deciding who are eligible to voluntary coverage. What care are the recipients to receive and what will it cost them? What services are the participating doctors to render and how much will they be paid?

Should cost, coverage and compensation be determined for each state or county and who will have overall jurisdiction?

A few state organizations, including our own, believe they have a plan in operation which with reasonable Federal cooperation can meet the present situation and work towards its ultimate solution.

The state of Michigan believe they have the answer to a nationwide program. We in Washington are more modest but we are making an intelligent effort to meet a large part of the problem and will extend our program when found necessary.

Children are prone to blame their parents for their own shortcomings and many in the profession feel the Trustees of the A.M.A. should have presented a prepaid medical care program several years ago.

### The Tacoma-Scope

The *Bulletin* is very happy to give a great big word of commendation to the Tacoma-scope. This little resume of local news items is contributed by the Medical Arts Building to Tacoma members of the medical and dental professions now in the Army or Navy.

This service is just one of many given to the doctors by the United Pacific Insur-

ance Company whose home office is in the Medical Arts Building and who have sponsored this monthly publication since the first issue of March 1944.

Miss Vera E. Jedlick is the able editor of this informative sheet, and its coming is always welcome to each doctor away from home.

Our thanks again to Miss Jedlick and to the United Pacific Insurance Company.

### Tacoma Journal Fights Socialized Medicine

The *Tacoma Journal*, a publication apparently devoted to the interests of the Sixth Avenue business district and surrounding territory, is publishing a series of editorials from the National Physicians' Committee for the Extension of Medical Science. They need a few subscriptions to help out in the extra expense. Most of us have already been circularized and undoubtedly members of the society will contribute to this cause.

### In Memoriam

MILLARD T. NELSEN

The Medical profession suffered a real loss in the death, on July 2, 1945, of Dr. Millard T. Nelsen.

He came to Tacoma as a young man well equipped for his chosen work with a fine mind, exceptional education and training and with a sincere interest in his patients and their problems.

Dr. Nelsen was an active member of our Medical Society and contributed much to its programs and activities. His useful life was all too brief and a statewide circle of many professional and patient friends are saddened by his untimely death.

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# The LIBRARY

MRS. BLANCHE L. DEWITT, *Librarian*

One of the most notable gifts the Medical Library has ever received has been from members of the Tacoma Surgical Club, who have contributed \$100.00 to be used for additional magazine subscriptions.

Through their generosity we have been able to add several important journals to our list, and as these extra volumes accumulate from year to year they will form a valuable addition to our collection.

Indeed, through the interest of friends of the Medical Library, our periodical list now represents the very best to be had, and includes many that our library budget would not cover. One of the most generous contributors is Mr. Thomas Porro, who has for years been turning over to us his copies of a dozen or more different journals, also many books and reprints. Mr. Carl Wallace has subscribed to *Annals of Internal Medicine* for the library and the following members of the society are regular contributors of magazines: Drs. Clay, Duerfeldt, Herrmann, Light, Maier, McNerthney, Penney, Sanderson and Schaeffer. In addition to these, many anonymous gifts are received, all of which are welcome.

We can feel, therefore, that during the coming months, when many of our members will doubtless return to private practice and those who have not been in the armed forces will have more time for study, your library will be better able to serve you than ever before.

Bill: So now you and your son are carrying on business together?

Jim: Not exactly. I run the business and my son does the carrying on.

## Why Is a Library

"With so much crudition lying around loose, it is easy to pass lightly over the prime function of a physician's libraries. We say libraries, for a good physician will have two: one at home or in his office, and another, a larger one, which he shares with his colleagues. These he uses to sharpen and improve his practice, to make sure that the medicine he practices is modern medicine; and he is rightly apt to take satisfaction in his bookish wealth. But let that physician not forget that in his books, time stands still. For some purpose this is a most fortunate circumstance; for others, a tragedy. Osler, in his 5th edition, still advises supportive treatment for pneumonia. Abbott, in his system, confesses ignorance of a reliable cure for diabetes. To continue to be useful, a physician's library must be watered and tended; otherwise it rapidly becomes a museum.

"It was Bacon's opinion that reading makes a full man, and strongly recommended it. In the physician's library, knowledge, opinion, advice, lie in a deep-freeze locker. They will maintain indefinitely the condition they had when they went in. If the stock is kept fresh, and expiration dates carefully noted, the locker will always be an invaluable source of nourishment. But no man was ever nourished by a steak kept in the ice box! And journals reposing on a physician's table will do a patient no good. It is possible to continue for decades to practice the medicine one learned in medical school, and next door to a collection of 100,000 volumes. No physician should ever be so busy dispensing himself to patients that he has not the time for continuous remodeling so that he practices today, today's medicine."—*Robert Parker, M. D., in Bull. Acad. Med., Cleveland.*

## With Our Lads in the Armed Forces

Captain Joseph Benson, who was stationed at Madigan General Hospital, has left for the Pacific theater.

☆ ☆ ☆

Lieutenant Colonel B. D. Harrington is stationed at the Field Hospital at Drew Field, near Tampa, Florida.

☆ ☆ ☆

Major F. L. Monzingo, who has been overseas for two years, is with the 179th General Hospital at Rouen, France. He has been neuro-brain consultant for that area.

☆ ☆ ☆

Captain Miles Parrott is with the 5th Army in Northern Italy. He has been with the 92nd Engineers through the North African, Sicilian and Italian campaigns. They expect to sail for the States sometime in September.

Captain C. C. Carlson is stationed at Fort George Wright, near Spokane.

☆ ☆ ☆

Captain G. A. Drucker is at Camp Philadelphia, near Rheims, France. He expects to go to the South Pacific sometime soon.

☆ ☆ ☆

Captain Don Willard has just left for the Central Pacific. He is a flight surgeon with a B-29 group.

☆ ☆ ☆

Captain Cecil Hurst is in the Philippines with the 65th Portable Surgical Hospital.

☆ ☆ ☆

Captain R. A. Norton is in Texas taking further training.

☆ ☆ ☆

Captain J. W. Bowen is home on 30-day leave. He reports back to Tampa, Florida after his leave.

## *At Last . . .* a compact, light-weight **ELECTRONIC STETHOSCOPE!**

MAICO presents the STETHETRON

For the first time, there is now available to the medical profession a small, highly efficient electronic instrument for quicker, easier, more accurate auscultatory diagnosis.

The Stethetron not only intensifies body sounds, but enables the physician to emphasize particular sounds while subduing others. Rales and heart murmurs, extremely important in diagnosis but often scarcely distinguishable with an acoustic stethoscope, may be intensified many fold, and given greater relative prominence by subduing the normal heartbeat sounds. Both vol-

ume and tonal emphasis may be regulated at will.

Being self-powered with tiny hearing-aid batteries, the Stethetron may be used anywhere. Its trim, compact case may be suspended from a strap worn around the neck or may be laid on a desk or table while in use.

The Stethetron is the fruit of years of research and patient collaboration of physicians and engineers. It is the latest achievement of an organization that has long pioneered in medical electronics—an organization that has attained notable recognition in the medical profession by supplying 90% of America's precision audiometers.

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Dr. J. V. Schwind is stationed in San Diego. He is in the Navy.

☆ ☆ ☆

Commander Lawrence Joers is back at sea on the U.S.S. Concord.

☆ ☆ ☆

Captain Glen McBride is at Hamilton Field, California.

☆ ☆ ☆

Captain C. Dietrich is Processing Officer at Northeast Fort Lewis.

☆ ☆ ☆

A letter written on Heinrich Himmler's stationery has been received by the Pierce County Medical Society. It was written by Lieutenant Colonel Charles Larson. He has been the medico-legal expert for the War Crimes Investigating Committee. As such he has traveled over most of Germany, parts of Austria and into Northern Italy.

☆ ☆ ☆

Colonel Clifford Whitaker is somewhere in the Ryukyus. He is with the 27th Station Hospital, which, he said in a letter, should have been called the 27th Infantry because of the active part they took in fighting the enemy. He will have charge of building up a new hospital there.

☆ ☆ ☆

Major Bill Goering, after four and one-half years' service in orthopedic work in hospitals in Vancouver and California, is in Tacoma on a 15-day leave with the threat of an assignment in the Pacific, much to Bill's disgust.

☆ ☆ ☆

Major Walter Cameron has been seen in Tacoma during the last ten days.

Hillis F. Griffin, who has been discharged from the army, is going back to his old office. He wanted to go to school but the courses were not available at the present time. He was in France from the beginning to the end of the invasion.

☆ ☆ ☆

Major Jesse Read was back in Tacoma on leave after serving in the North African, Sicilian and Italian campaigns and later was in Germany. He is now at Barnes General Hospital, awaiting further orders.

Major Frank Maddison, after three years of service as chief of the Medical Section and later as chief of a hospital in California, has been shipped across the Pacific. Destination unknown.

☆ ☆ ☆

Major Les Baskin is still sitting on top of the world in Los Angeles.

☆ ☆ ☆

Major Homer Humison is still on some Pacific island.

☆ ☆ ☆

Major G. C. (Jerry) Kohl, commanding officer of the 46th Field Hospital, has been in Oslo, Norway, since June. Jerry had the honor of setting up the first U. S. Field Hospital in Norway, caring for U. S. forces stationed there. The Norwegian doctors are reported to be treating the American doctors fine, holding clinics in English for them.

On D day the 46th F. H. was stationed in Southampton, England, caring for casualties brought back by air.

From England Major Kohl took his hospital through France and Belgium and was the foremost hospital in the German bulge.

V E day found Jerry in Germany.

After four years in Army medicine Jerry hopes soon to be back in civilian practice.

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## Plan Civilian Red Cross Blood Bank

One answer to the question of where to get blood and blood plasma for civilians now and postwar is given in a new policy announced by the American Red Cross.

The Red Cross plans to operate, for civilians, the non-professional blood donor service which has been so successful in supplying blood, blood plasma and albumin to the armed forces.

Victims of accidents and burns, mothers in childbirth and other patients desperately needing blood or one of its fractions will not, as in prewar days, have to depend on finding a relative, friend or professional donor with the right blood type. Doctors who have learned through their war experience to use blood and plasma liberally will not be hampered in their lifesaving efforts by lack of supplies of the vital fluid.

Details of the new Red Cross service are given in a report in a recent issue of the *AMA Journal*.

Red Cross chapters will be authorized to set up blood donor centers in communities requesting it. The centers will be operated in cooperation with a sponsoring health or medical agency which meets standards specified by the Red Cross.

No charge may be made to patients, hospitals, clinics or physicians for the blood or blood derivatives. Costs of donor recruitment, operating costs and costs of processing the blood must be paid by some other means than charging the pa-

tient, doctor, hospital or clinic for the blood. In Michigan, the state is financing such a program and other states have appropriated money for this purpose.

The Red Cross will take part only in a blood donor program that services the entire community. While the civilian appeal will not be nearly as strong as the military, it is expected that the proper educational campaign will bring success.

If a community is serving as a source of blood for the Army and Navy, the Red Cross will not cooperate in a civilian service unless the amount of blood required for civilians can be obtained over and above the needs of the armed forces.

---

### The Monkey's Disgrace

Three monkeys sat in a cocoanut tree,  
Discussing things as they're said to be.  
Said one to the other, "Now listen, you two:  
There's a certain rumor that can't be true  
That man descended from our noble race,  
The very idea is a disgrace.  
No monkey ever deserted his wife;  
Starved her babies and ruined her life;  
And you've never known a mother monk  
To leave her babies with others to bunk,  
Or pass them on from one to another  
'Til they scarcely know who is their mother.  
And another thing you'll never see:  
A monk build a fence 'round a cocoanut tree

And let the cocoanuts go to waste,  
Forbidding all other monks to taste,  
Why, if I put a fence around a tree,  
Starvation will force you to steal from me.  
He're another thing a monk won't do:  
Go out at night and get on a stew;  
Or use a gun or club or knife  
To take some other monkey's life.  
Yes, man descended—the onery cuss—  
But, brother, he didn't descend from us."

—Blair Co. Medical Bulletin.

### Doing One Thing Well

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## Nurses Are Unsung Heroes

Unsung heroes of World War II are the 40,000 graduate nurses who are serving with the armed forces. The Office of War Information estimates that of this number, 38,000 are in the army.

Many times during this war period, American nurses have done an outstanding job in tending to our sick and wounded fighting men. First at Pearl Harbor on that fateful day of December 7, 1941, then at Bataan, and then at Corregidor, our nurses have set an all-time high for compassionate, selfless service in the midst of privation, suffering, and death.

In this war, army nurses must live the life of a soldier. They wear helmets, one-piece overalls, and G. I. shoes; they sleep in tents, bathe in helmets, dig and dive into foxholes if necessary, work calmly under shellfire; they march across country under full pack every day for two hours or more at a time, in snow, rain, sleet, and mud; they are taught to crawl on their "stomachs," elbows and knees, and they go in for army drill and calisthenics. It's all quite different from the life they led at home, but the nurses have shown on many occasions that they can take it.

The surgical tents and evacuation hospitals where many of them are working today are a far cry from the white-tiled operating rooms of the typical American hospitals, but, surprisingly, the array of shining instruments, sterile supplies, and medications are almost identical with those found at home.

Army nurses now are located at 35 bases outside the United States, and at 527 posts

in the United States. Navy nurses are on duty in 212 stations within our boundaries, and assigned to 27 countries outside the continental United States. All over the world—on land, at sea, and in the air—our nurses are doing the kind of a job of which they can well be proud.

In reviewing the subject of war-nursing, one cannot overlook the fine work which is being done by women who maintain and protect health on the home front. We have in mind particularly the civilian nurse, who serves in our hospitals, war plants, public health organizations, and in doctors' offices. Members of the U. S. Cadet Nurse Corps, who have pledged themselves to serve in military or essential civilian nursing throughout the war, are lending a big helping hand, too.

—*Victor News.*

---

## The GI Sense of Humor

Our language is called the mother tongue because the old man seldom gets a chance to use it.

---

"I like the shy, demure type of girl," said the sailor. "You know, the kind you have to whistle at twice.

---

It takes a lot of experience for a girl to kiss like a beginner.

---

Time tells on a woman—especially a good time.

---

Gob: What is a buccaneer?

Pal: A buccaneer is an awful price to pay for corn.



# HALCO SANITARIUM

Exclusively for the Treatment of

## ALCOHOLIC ADDICTION

By **CONDITIONED-REFLEX METHOD**

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**We respectfully solicit the co-operation of the family physician**

The technical staff have all had many years training and experience with this method of treatment. Also trained staff members, with automobiles, are available at all times to assist the physician in getting his patient to the sanitarium and to follow up with any rehabilitation work deemed necessary.

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## High Altitude Chamber Aids Sinus Patients

CHICAGO — Three physicians at the Northwestern University medical school—D. B. Butler, G. J. Greenwood and A. C. Ivy—have reported the successful use of a decompression chamber for the treatment of sinus disease.

In tests conducted over a long period, they found that low pressures, equivalent to an airplane flight two miles above ground, constitute a simple but effective treatment for the draining of infected sinus pockets.

Of 125 patients treated, 89.5 percent experienced relief, according to the doctors' report which appeared in the *Archives of Otolaryngology*.

### TREAT 10 TO 12 AT A TIME

In a sealed room, equipped with vacuum pumps, observation windows, and a two way speaking system, from ten to twelve patients can be treated at a time. In two minutes, by lessening of air pressure, patients are given the equivalent of a 10,000 foot altitude. Then "descent" is slowly achieved, reversing the normal flight procedure of slow climbing and a quick return to ground level.

Recompression is at the rate of 700 feet a minute, carefully controlled so that air passing through the Eustachian tube into the middle ear causes no pain. Each session requires 60 minutes, during which four to six "ascents" are made in the decompression chamber. Because of the changes in "altitude," conditions are created within the air passages which cause the pus pockets to discharge.

### GIVEN 18 TREATMENTS

The average patient received 18.1 treatments. Of the 125 patients 10.5 percent reported no improvement. Improvement was reported by 21 percent to be fair, 34.6 good, and 33.9 excellent. All the sinus sufferers had utilized various forms of medical skill, including surgery, mechanical suction, and shrinking of the tissues. Persons with acute sinus trouble were not accepted for treatment.

"Whether decompression therapy can hold forth the hope of ultimate 'cure' (for sinusitis) is not yet settled, but the high degree of relief that may be afforded is gratifying," the doctors concluded.

They noted that the use of the decompression chamber is in line with the current belief that surgery should be avoided wherever possible in the treatment of sinus disease.

---

### Statistics on Nursing

According to *Facts About Nursing, 1944*, a handbook of essential data on nursing issued by the American Nurses' Association, approximately 208,000 registered nurses are caring for civilians in this country. Another 48,000 nurses, of whom nearly 23,000 are overseas, are in military service. Various departments of the Federal Government, exclusive of the Army and Navy, employed more than 6500 nurses in 1943, and employment of more than 7500 has been authorized for the current fiscal year. As of January 1, 1944, an all-time high of 112,000 student nurses were enrolled in American schools of nursing, an increase of 21,000 over 1942.

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## Post Delivery Confinement Period Can Be Shortened

*150 Patients With no Complications Were Allowed Up on Third or Fourth Day With no Ill Effects, Physician Reports*

Experience at Sinai Hospital at Baltimore, and elsewhere, indicate that bed shortages in maternity wards can be relieved at least in part by allowing patients to be up on the third or fourth day after delivery instead of remaining flat on their backs for ten or twelve days, Morris L. Rotstein, M. D., Baltimore, reports in *The Journal of the American Medical Association* for July 22.

"Because of the greatly increased number of patients in the obstetric clinic at the Sinai Hospital of Baltimore, with the resultant bed shortage," Dr. Rotstein says, "we decided to allow a series of patients up early in the puerperium (period of confinement after labor) to increase our bed turnover and note the various effects if any. One hundred and fifty patients who delivered vaginally were chosen at random and allowed up on their third or fourth day after delivery. Parity and type of delivery were not taken into consideration. However, no patient with toxemia (toxins in the blood,) heart disease or other complication of pregnancy was included in this group. . . . In this series no ill effects were noted. The patients when allowed up felt well and were

able to walk about and take care of both themselves and some of the inbed patients, thus greatly assisting a war depleted nursing staff. When allowed to go home, which varied from the sixth to the eighth postpartum day, they felt strong and were better equipped to go about their duties of taking care of themselves and their newborn infants. . . ."

### \$34,000 in War Bonds as Prizes

for the best art works by physicians, memorializing the medical profession's "Courage and Devotion Beyond the Call of Duty" (in war and in peace).

The prize contest is open to any physician member of the American Physicians Art Association, including medical officers in the armed forces of the United States and Canada.

Full information available on request of the sponsor, Dr. Francis H. Redewill, Flood Bldg., San Francisco, Cal., or Mead Johnson & Co., Evansville, Ind., U.S.A.

### New Medical Bulletin Appears

We welcome to the ranks of our county society publications the *Bulletin* of the Alameda County Medical Society, the first number of which has been received and found very interesting.

We wish them luck. Judging from our own experience with our own publication, they will need it!

## Karen Rynning

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**Local Gossip**

Sam Light has taken a short vacation. He and his family went to the ocean for three days.

☆ ☆ ☆

F. C. Willson, formerly of Buckley, is now in the Medical Arts Building.

☆ ☆ ☆

Joe Hansen is taking flying lessons.

☆ ☆ ☆

L. J. Bland has moved into the Medical Arts Building, as has R. S. Lantiere. Ed Muir has moved in with C. E. Wiseman.

☆ ☆ ☆

Treacy Duerfeldt has returned from a long vacation. Now Warren Penney will probably take his turn.

☆ ☆ ☆

Paul Smith has taken over Guy Griffith's practice.

An insurance agent was filling out an application blank.

"Have you ever had appendicitis?" he asked.

"Well," answered the applicant, "I was operated on, but I have never felt quite sure whether it was appendicitis or professional curiosity."

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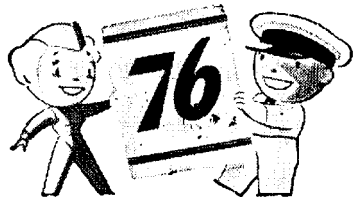
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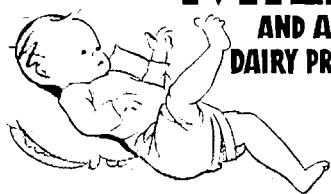
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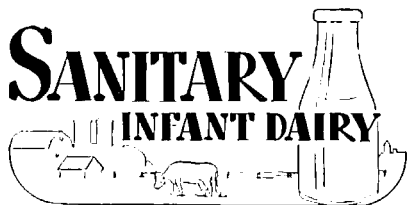


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## The "Saga" of the Modern "Medicine Man"

1. The first-year student, at the end of the year, believes that he knows enough about medicine to solve all its problems.

2. The Sophomore begins to doubt. He thinks there might be a few things that he can still learn, particularly about pathology.

3. The Junior begins to wonder if he's really learning anything about medicine, and wonders if he will ever dare to treat a patient.

4. The Senior reaches the conclusion that he's a medical ignoramus.

5. The interne is usually too busy with the nurses to absorb much knowledge. His spare time is devoted to teaching the visiting staff.

6. The first five years in practice brings about a beginning medical celebration. The practitioner learns to think.

7. The next fifteen years may result in a halo of brilliance around the cranium, or a tendency to cerebral degeneration.

8. During the next ten years the blood pressure is apt to reach a new high, the arteries become sclerotic, and ground is broken for the initial attack of coronary thrombosis.

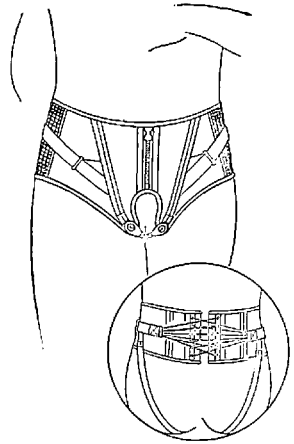
9. The next ten years—if the doctor has not sprouted wings in the interim—is taken up with reminiscing. The hand trembles when the beer stein is raised; there is a great deal of mental confusion. The doctor is outdistanced by medical advances; and he sits at medical meetings listening to a young squirt tell about blood plasma, erythroblastosis, microcytic anemia and penicillin.

10. He dies wondering what it's all about.  
—*St. Louis County Medical Bulletin.*

Sgt. Troctor: Do you believe in love at first sight?

Sgt. Priar: I gotta. I'm only gettin' two days' leave.

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### The Medics

The "medic" is a must in any fighting force. He is likely to combine the functions of Kipling's Gunga Din, Florence Nightingale, the Good Samaritan and the most skillful surgeon science has produced. He frequently does so at the cost of his own life. Unarmed stretcher-bearers seek out the wounded where the shells are still striking. Because they know that time is of the essence, they are always in a hurry. Sometimes a complicated operation has to be performed in a foxhole. During the Metz offensive a 19-year-old medical aide saved a doughboy's life by cutting a fountain pen tube into his throat with a pocket knife. But they try hard to get the victim to the nearest hospital. Maybe it is a blasted barn or an open cellar. It may be a tent over the brow of the next hill, with the surgeons operating under enemy fire. At Bastogne two or three surgeons had to handle 800 patients with nothing to dull their pain but cognac. Everybody cheered when five more surgeons got through by plane and glider.

There is little glory in the Medical Corps. It is just hard, dirty work and mighty dangerous. The Red Cross seems to mean little to the enemy. He has bombed hospital tents from Anzio to Aachen. These medics are tough, but among the torn and dying men learn to be tender, too. They shun glory, but they have their pride. They are proud to have saved 97 out of every hundred wounded. They are proud that their miracle drugs and blood banks send from fifty to eighty back to fight again. They are proud because nobody in our whole vast Army, not even the foremost combat crew of the deadliest flying wing, has done a finer job than the Medical Corps—From the *N. Y. Times*, Jan. 5, 1945.

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Rastus: Ah don't know, boss, but it wasn't nothin' serious!

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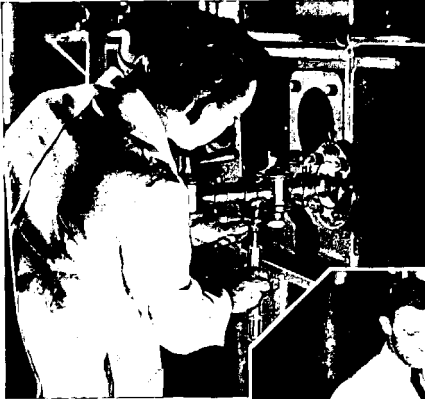
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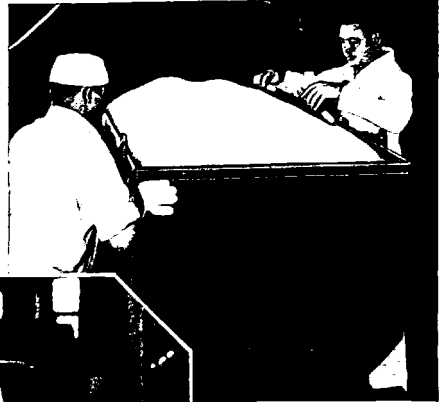
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Teach me, dear Lord, that the hypertrophy of the head is more deadly than the hypertrophy of the heart, that the hyperacidity of unforgiveness is more distressing than the "heart burn" of an ulcer.

Help me to live so that I can lie down and sleep each night, with a clear conscience, without a bromide or barbiturate, and unhaunted by the faces of those I have charged fees.

Grant, I beseech Thee, the power to focus my eyes on the distant goal of Heaven; eyes undimmed by the blurring myopia of fame or fortune. Keep my ears alert to the call of duty, undefeated by the clinking of polluted dollars.

Guide my mind and hand, as I admin-

ister healing potions to suffering patients; help me to remember that the hypodermic needles should be tempered with the therapy of sympathy; the tonics enhanced by the stimulant of kindness; the transfusions aided by the nourishment of tenderness.

And then, when the last patient has been comforted, when the stethoscope, journals, and books have been laid aside, may my last call be Thy call, as I rest in the peace which Thou only can send. Amen.—*Los Angeles County Bulletin.*

A paratrooper is a guy who climbs down trees he never climbed up.

Minds are like parachutes—they only function when open.

# GLYKERON

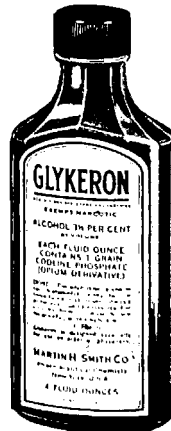
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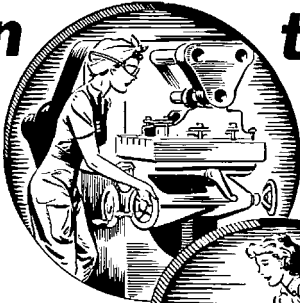
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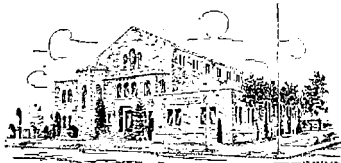


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# Bulletin



Vol. XV—No. 7

OCTOBER, 1945

## *Program*



OCTOBER 9

Medical Arts Auditorium — 8:15 p. m.

Topical sulfonamide therapy in dermatology...S. E. Light

Chronic hoarseness.....Paul B. Smith



**OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY**

# Pierce County Medical Society

1945-1946

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# More of the Same

Some members of the Society wonder why the Medical Bulletin should have an editorial for each issue and when publication date draws near no one wonders more than the editor. Perhaps the privilege of his seeing in print something he has written is considered the remuneration necessary for the editor's monthly labor of love.

After reading the editorials in county medical bulletins from different parts of this United States, dealing with medical economics, one cannot help making this observation.

A fairly large minority continue to rant and rave concerning the dire prospects for medical practice, should compulsory insurance become a fact. One editorial even preferred sudden obliteration by an atomic bomb.

The majority are encouraging unity of professional effort in getting a medical care program under way in their county or state. This constructive work, varied as it is bound to be, is the medical profession's contribution to the future national medical care program.

We are again going to say a few things regarding prepaid medical care and if you feel this subject of no interest to you please do not read further.

In a recent issue of the Christian Science Monitor was printed an editorial from the Boston Herald. This stated that in 1917 there was setup in Pierce County, Washington, the first Medical Society-sponsored, prepaid medical care plan in the United States. The editorial further stated "The prepayment of sickness costs is a necessity in any social program but if it can be done, as apparently it can, without government compulsion, so much the better."

With due modesty our Medical Bureau rates that good publicity for the entire medical profession.

*Continued on next page*

Anticipating the return of our Service doctors the Bureau is again enlarging its scope to include the families among the twenty some thousand Bureau members. They can now be covered for those accidents, illnesses or operations, including hospitalization, which could impose on the family any financial burden. Details regarding the coverage can be had for the asking from the Pierce County Medical Bureau, Tacoma, Washington.

The only stipulation involved is that at least 60% of the members in any group, now under contract, must elect to come under this coverage. It is rightfully considered that this contract for medical care now offered fully meets the demand for prepaid family insurance. How far this demand extends is definitely a moot question on which the near future will cast some light. The measure of acceptance of this aid to financial security will be of more than local interest.

This plan which protects the working man from the cost of extended medical, surgical and hospital care, is our doctors' answer to the basic argument given by its advocates for government control of medicine in the United States.

In Canada the situation has progressed to the place where their doctors now accept as inevitable the early introduction by the Dominion government of health insurance. To the general plan the doctors will give their cooperation but with this broad reservation. They insist that more than "general practitioner" coverage be made available and that health insurance must provide adequate medical service including hospitalization, surgical and specialists' care. Canadian physicians are united against the inefficient and pernicious panel system of England and want none of it.

Their returning service physicians are being warned against accepting work of a character which is bound to be inadequate for the recipient and detrimental to their present and future medical practice. Their

physicians are working against greater financial odds than are we in the United States, but they are trying just as earnestly to keep their high professional standards.

We make this mention of the Canadian situation to bring to your attention the similarity of our American professional problems.

---

## Dr. Penney Retires

Dr. Warren B. Penney has arrived at the very sensible conclusion that he has earned the right to an extended vacation; so extended in fact that he has closed his office indefinitely.

He and Mrs. Penney plan to spend the winter in California and New York, with maybe another visit to Mexico. We will not attempt to enumerate the many offices of professional responsibility he has held or of the lay committees to which he has so generously given his valuable time. His years of efficient service as Secretary of our Pierce County Medical Society was a contribution to the profession much larger than most of us appreciate.

He will be greatly missed by the large number of doctors and their families who have so often depended on his counsel when sickness came to their home. There was much of comfort and security in being able to say "I'll call Penney."

The Bulletin voices the hope of many that Warren B. and Mrs. Penney continue to have more than their share of health and happiness in the good years still ahead of them.

---

W. Cameron was home on leave in July and early August. He is stationed at St. Joe, Mo. and expects to be released about January 1st.

---

Wife—Oh, dear! I want my fortune told but I can't decide whether to go to a palmist or a mind reader.

Husband—Better go to the palmist. You have a palm.

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# The LIBRARY

MRS. BLANCHE L. DEWITT, *Librarian*

A valued gift has come to the Medical Library from one who has, during all my years in the library, shown himself to be among its most devoted friends—Dr. W. B. Penney. While we have an adequate working library and can always supply all and more than a doctor needs of up-to-the-minute material in all the more important medical journals, we have very little of the vintage of some of the books included in Dr. Penney's gift. The historical-minded reader will find particularly delightful Buchan's "Domestic Medicine," published in 1813 and "Medical and Surgical Memoirs," by Nathan Smith, published in 1831. All of these older books, in their well-worn calfskin bindings, speak to us of those who have labored to make medicine what it is today.

The library is indebted to Dr. C. F. Engels for a recent donation of books, including "Mystery, Magic and Medicine," by Haggard and "Globe Trotting with a Surgeon," by Dr. Alexander Peacock. We are particularly glad to have these for our collection of reading for lighter moments—assuming that lighter moments will be with us again in the not too distant future!

A sincere "Thank you" goes to several unknown donors who have contributed magazines during the last few weeks.

We have just received the 1945 edition of "New and Nonofficial Remedies" and the 1944 Mayo Clinic volume.

I'm proud to say I am a self-made man."  
You're lucky. I'm the revised work of a wife and three daughters."

☆ ☆ ☆

A wedding band, though not as tight as a tourniquet, usually stops the wearer's circulation.

## Conversation Piece

*Is the Gateway to India at Bombay  
Really as beautiful as they say?*

Don't rightly know, Ma'am. Did my part  
Breaking point in the jungle's heart;  
Blasted the boulders, felled the trees  
With red muck oozin' around our knees.  
Carved the guts from the Patkai's side,  
Dozed our trace, made it clean and wide.  
Metalled and graded, dug and filled:  
We had the Ledo Road to build.

*Well, surely you saw a burning ghat,  
Fakhirs, rope-tricks and all of that.*

Reckon I didn't. But way up ahead  
I tended the wounded, buried the dead.  
For I was a Medic, and little we knew  
But the smell of sickness all day through.  
Mosquitos, leeches and thick dark mud  
Where the Chinese spilled their blood.  
After the enemies' guns were stilled,  
We had the Ledo Road to build.

*Of course you found the Taj Mahal  
The loveliest building of them all.*

Can't really say, lady, I was stuck  
Far beyond Shing with a QM truck.  
Monsoon was rugged there, hot and wet,  
Nothing to do but work and sweat.  
And dry was the dust upon my mouth  
As steadily big "cats" roared on South.  
Over the ground where Japs lay killed  
We had the Ledo Road to build.

Never saw much but the moonshine on  
A Burmese Temple around Maingkwan  
And silver transports high in the sky,  
Thursday River and the swift Tanai,  
And Hukawang Valley coming all green.  
These are the only sights I've seen.  
Did our job though, like God willed;  
We had the Ledo Road to build.

—Sgt Smith Dawless

—From the St. Louis County Medical  
Society Bulletin.

## With Our Lads in the Armed Forces

Capt. Cecil Hurst is reported on his way home from the South Pacific, as is Capt. Herbert Micir. Capt. Micir has seen much service chiefly in India and in China.

☆ ☆ ☆

Lieut. Faye Nace is stationed at Pearl Harbor with plenty of time to wish he was back in Tacoma where he should be.

☆ ☆ ☆

Capt. Lester Baskin is stationed near Los Angeles and Lt. Henning is stationed at the Naval Air Station, Norman Okla.

☆ ☆ ☆

Jim Fairbourne may have left Southern France on October 1st. Here's hoping he reaches Tacoma in a few days.

☆ ☆ ☆

Major Fordyce Johnson is having a busy but profitable experience at the Pasadena ASF Regional Hospital. He will be back in his old office as soon as the Army re-

leases him. In the meantime he is obtaining excellent post graduate work in endaural and rhinoplastic surgery. He reports seeing Frank James, Les Baskin and John Verhalen.

☆ ☆ ☆

Major Frank R. Maddison is stationed on the Island of Leyte and Major Don Williard is also somewhere in that vicinity.

☆ ☆ ☆

J. B. Brown visited in Tacoma a few days recently. He is now stationed at Tampa, Florida with the First Air Corps. He writes that this corps may be divided and he will either go with the First Air Corps or be discharged.

☆ ☆ ☆

Major Jess Read is in Tacoma on a three month extended leave and expects to be discharged January 1st.

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## POOR RICHARD . . .

### He Also Served

Benjamin Franklin is so well known as the patron saint of printing, of electrical science and of the American political system, that few realize that he also contributed mightily to the advancement of medicine.

Yet physicians of his day were so aware of this fact that, though he possessed no medical degree, he was made a member of the Royal Medical Society of Paris, an honorary member of the Medical Society of London, and of many an American medical association. It might be added that, in this country, medical works were gratefully dedicated to him by such outstanding physician-authors as Benjamin Rush, Thomas Cadwalader, John Bard and Thomas Bond, while from Austria the Imperial physician, Jan Ingenhousz, wrote him for specific advice on the correct technique of smallpox prophylaxis, before daring to inoculate the Austrian princess against that disease.

Not only was he a member of the commission which investigated—and exposed—the claims of Mesmer as to the alleged wonders of “animal magnetism,” but his own contributions to electrical therapy were so important that that entire branch of therapy was long known as Franklinization. He also long had his name applied eponymically to what were then known as Franklin glasses and are now known as bifocals—this for the very simple reason that he invented them and was the first to wear them.

Among other of his noteworthy medical achievements were his invention of a flexible catheter, his introduction of wine of colchicum to America for the treatment of gout, his observations on plumbism and his discovery that air becomes poisonous on being rebreathed. Concerning the latter he wrote:

“What caution again air, what stopping of crevices, what wrapping up in warm clothes, what shutting of doors and win-

dows even in the midst of summer! . . . Many London families go out (in the closed carriages then popular) once a day to take air, three or four miles, or as many turns in Hyde Park, with the glasses both up close, all breathing over and over again, the same air they brought out of town with them in the coach, with the least change possible and rendered worse and worse every minute. And this they call taking air!”

He was aware of the value of sudorifics in fevers and although the practice was to deny water to fever patients, he advocated drinking plenty of water. The greater danger lay in overeating rather than under-eating, he warned. Some of his recommendations for diet and health are thus explained by Poor Richard:

“To lengthen thy life, lessen thy meals; dine with little, sup with less, do better still, sleep supperless, eat few suppers and you'll need few medicines.”

To top all, he anticipated the discovery of bacteria by suggesting that the common cold was contracted from the “effluvium” transmitted from one person to another in hot, crowded rooms. Indeed, according to Carl Van Doren, Franklin guessed as much about colds and their causes as is known today.

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## A DAY OF REST FOR THE DOCTOR

Doctors are human, and are subject to the very same physiological, emotional and psychological strains and stresses as are any other human beings. Therefore, they need one day of rest, every week, as do all other people. From time immemorial, it has been advocated that every person should rest one day a week. This has become an integral part of the universal moral law, the Ten Commandments, which is unquestionably the finest code of mental hygiene ever enacted by human beings. And yet, we constantly meet doctors who work all week long, get no rest, and think that a two-weeks' vacation, once a year, will suffice for them. This is particularly true of the younger men who are just entering practice, and are very anxious to build up a practice by doing everything to please their patients. In the long run, they pay dearly for it, and even their patients pay for it, because a tired doctor is hardly an efficient doctor, and a tired doctor is hardly expected to give the patients the best of which he is capable. It would be a wise move on the part of the medical schools to institute a course of lectures on the relationship between doctor and patient, and on the need for the doctor to take good care of his own health. The older members of the profession should point out to the younger men the need for establishing good habits in the relationship of doctor to patient, and in the need for a doctor to get a day of rest in the week. Of course, it would be most desirable that doctors should rest on Sundays, the day universally recognized as a day of rest. But it may be impossible for some doctors to do so, and therefore they may take some other day. It may even be a step in the right direction for doctors to arrange among themselves for caring for emergencies among their patients whenever a particular group of men have their day of rest. Careful and systematic planning, and a frank understanding between the doctors

and their patients will enable most of the doctors to have a day of rest. It will prolong their lives, make them happier fathers and husbands, and more efficient physicians. Let us all decide to have a day of rest for every medical man, and we will gain the respect of the community and enhance our usefulness to society.

—I. J. S.

—From Medical Society Bulletin,  
County of Kings.

### Ross Wright Elected

Tacoma was honored at the annual meeting of the Washington State Medical Society held in Seattle, September 8 and 9, with the election of Dr. Ross D. Wright as President for 1946-47. Dr. Wright has taken an active part in State Medical Society activities during the past year. He is chairman of the Washington Physicians Committee which is the state branch of the National Physicians Committee for the extension of medical service and is finding his duties on that committee many and varied.

### Truman Appoints Medical Adviser

New presidential physician is to be Lieut. Col. Wallace Graham, according to the newspapers. Col. Graham, an army medical officer, flew back recently from Germany, where he had been Chief Surgeon at the ninety-eighth Evacuation hospital. He is 34 years old, a resident of Kansas City, and a personal friend of the president's.

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## FACTS ABOUT FOOD

*General news about research facts, and what's going on in the field of nutrition.*

### *Concerning Carrots*

The food purchaser's taste in carrots usually runs to the "baby" variety . . . young and tender. From the nutritional point of view, however, it's the more mature type—a little tougher no doubt, and stronger flavored—that are desirable.

Surveys at the Rhode Island and Arizona experiment stations on ten different varieties of the vegetable, showed that the maturing process is accomplished by an increase in carotene. The peak is reached about 90 days after planting, and from then on the vitamin content gradually diminishes.

### *News Flash from Florida*

There's another "right-about-face" in opinion on keeping orange juice. Does it deteriorate in vitamin value after extraction? The nutritionists said *yes* until recently, but in the light of recent Department of Agriculture chemists, it seems the correct answer is *no*.

Authorities working at the Florida Citrus Products station tested both orange and grapefruit juice under all sorts of conditions. They discovered that the Vitamin C in both juices is more stable than previously supposed, and does not suffer loss for several days, no matter how it is kept.

Flavor, however, is not quite so constant, for it starts changing after two days in the kitchen and three days in the ice-box.

### *About Butter*

Seems the original tests were wrong on butterfat . . . it has 50 per cent more Vitamin A than was previously supposed. It averages about 15,000 units of the vitamin per pound. There's a seasonal variation though, going down to 11,000 units in the winter, and up to 18,000 in the summer. These new studies were conducted by a

number of U. S. Agricultural experiment stations, in collaboration with the Bureau of Dairy Industry.

As a result of this discovery, one of the margarine manufacturers has already increased the amount of Vitamin A fortification. The synthetic vitamin is scarce at this point, but other margarine manufacturers will undoubtedly do likewise at the earliest opportunity.

The same survey shows that the average quart of milk contains 1,530 units of Vitamin A; indicates that the average person gets about 2,340 of its estimated daily requirements of 5,000 Vitamin A units from the amount of milk and its products now consumed.

### *Check Your Prejudices*

Don't be too surprised if, at some later date, you find yourself eating sunflower seed meal. According to recent demonstrations, it's superior to wheat germ, corn germ and soybean meals as a source of the B Complex. It's protein content equals, in biologic value, that of oats, wheat and barley.

The meal, when produced by a low temperature solvent-extraction process, can easily be incorporated into the diet. contend Experimenters Prof. Harry G. Day, Indiana university, and Ezra Levin, Monticello, Ill.

—From Hospital Topics and Buyer.

Streptomycin has been used successfully in the treatment of tularaemia. Since the supply is limited, the drug will be released only when the epidemiological, clinical and laboratory evidence supports diagnosis of the disease, according to a recent report in the Vancouver Medical Association Journal.

The Army has revealed the development of a hospital shelter that is transportable by air in two-thirds the cargo space of a Douglas DC-3 (standard air line plane). Weighing 3,700 lbs., the shelter could be erected by four men in two hours. It has two rooms—one 16'x16', the other 8'x8', and is wired for electricity.



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## Minutes of the Regular Meeting - September 11, 1945

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on September 11, 1945, with Dr. William H. Ludwig in the chair. Minutes of the previous meeting were read and approved.

Dr. C. R. Fargher, Director of Health of the City of Tacoma, spoke briefly in introduction of Dr. Frank Melton, of the Seattle Public Health group, who discussed the various phases of syphilis and associated diseases and their treatment. He showed a series of excellent color slides demonstrating the various skin and mucous membrane lesions of syphilis, gonorrhoea, chancroid, granuloma inguinale, lymphogranuloma venereum, condyloma acuminata, cancer and several more rare conditions. He stated that in the use of penicillin in the treatment of gonorrhoea the incubation period of syphilis may be prolonged or one of the intermediate stages skipped. At the present time the quick treatment of syphilis is in a state of flux, various programs being instituted by different groups. In the rapid treatment of gonorrhoea he has found two doses of penicillin, 100,000 units each at a 4-hour interval, to give good results. He checks his treatment with three daily cultures and smears. Penicillin reactions show themselves in seven to fourteen days and last five to seven days and are usually of an urticarial type. Candidates for the rapid treatment center are those having the primary, secondary or early latent stages and in pregnancy during the late latent stages. The paper was discussed by Dr. Light.

A moving picture on Clinical Malaria was presented by the Health Department.

Dr. Carl Scheyer, of the Navy, spoke briefly on his contact with malarial patients. He had noticed that the intake of alcoholic beverages tended to bring on attacks of malaria.

Dr. Hillis Griffin told of the patients he had seen from Africa and noted the temperature curve to be inconstant.

Applications for membership from Dr. Paul B. Smith and Dr. T. M. Barber having been approved by the Board of Trustees, were given a first reading.

There being a vacancy in the Board of Trustees, due to the fact that Dr. L. A. Hopkins holds two offices, election was held to fill the vacancy. Dr. A. H. Buis and Dr. Fred Scheyer were nominated and Dr. Buis was elected.

Dr. Hopkins spoke briefly of the Russian relief, stressing the need for old medical instruments.

---

### Soviet Physicians Need Our Help

The war is over but Russian physicians and surgeons face the tremendous task of treating millions of their war casualties. They are endeavoring to give this care under the discouraging handicap of a desperate lack of equipment.

Each of our society members can and should help by looking through his instruments and sorting out those he can spare or for which he has no further use. They also ask for our scientific books that are reasonably modern, say since 1935. Watches or small clocks that can be repaired are asked for and will meet a real need.

Instruments, books, watches, etc., should be left on the table at the medical auditorium lobby, from where they will be collected and shipped by the local Russian Relief Committee. Please do it today.

---

I sneezed a sneeze into the air  
It fell to earth I knew not where.  
But hard and cold were the looks of those  
In whose vicinity I snooze.

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## REVIVING SCIENTIFIC EDUCATION

According to Raymond Gram Swing, America shoveled its potential scientists into the armed forces, interrupting the education of many, killing off others; and "failing to educate a six-year supply of scientists. The result is that we shall be short about 150,000 scientific and technical students with degrees and 10 years from now shall be short 17,000 men capable of doing original scientific work in chemistry, engineering, geology, mathematics, physics and the biological sciences."

Actually, there are many factors which offset this situation. First of all, the armed forces have given thousands of men and women intensive training and schooling in very specialized and technical fields. Secondly, the G.I. bill of rights will give thousands of people the financial ability to take up or continue scientific education. Third, let us not lose sight of the fact that the war telescoped hundreds of scientific developments—including medical—into a short space of time, developments which might otherwise have required a much longer time to come to fruition.

The real danger lies in the fact that the immensely valuable training given personnel by the armed forces may go to waste because of lack of facilities for making use

of this training in an organized fashion for ends that will bring permanent technical advancement. Another danger is that discharges will approach educational opportunities in a hit-or-miss fashion, later branching off into many careers which fall far short of contributing to the highly technical and specialized work demanded of scientists in the modern world.

The situation, now that the war is over, seems to warrant serious study by the medical profession of any measures which will make it possible for America to retain its leadership in science—for the benefit of this country, and the world.

---

### New Foundation Has \$4,000,000 Fund for Research in Cancer

A grant of \$4,000,000 from the Alfred P. Sloan Foundation to provide for building and in part maintaining a projected Sloan-Kettering Institute for Cancer Research is announced here by Alfred P. Sloan, Jr., sponsor of the foundation and chairman of General Motors. The research center will be organized in conjunction with New York City's Memorial Hospital, which specializes exclusively in the treatment of cancer.

It is estimated that the building itself will cost \$2,000,000. To be located squarely in the middle of Memorial Cancer Center, on property now owned by the Hospital, the building will be especially designed for research and will be self-contained in all its various research functions.

A sum of \$200,000 will be provided each year for ten years to help defray operating costs. Dr. Charles F. Kettering, vice president and director of research for General Motors, will help supply the general types of techniques long employed in industrial scientific research.

## Karen Rynning

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## BONERS

"Due to a shortage of newsprint a number of births will be postponed until next week."—Alberta, Canada, newspaper.

A skunk, which entered the Town Hall thru a basement window while "The Ladies' Aid War Society" was in session, disrupted the meeting. Shortly after the animal was disposed of, the meeting again was called to odor.—Linton (Miss.) Sentinel.

Walter Dever accidentally shot himself out hunting. One of the wounds is fatal, but his friends will be glad to learn that the other one is not serious.—Sheridan (Wyo.) News.

"How can I protect the eyes when peeling onions?"

"Dip them for a moment in boiling water. Then begin at the roots and peel upwards."—Hollywood, Sitizen-News.

Owing to a scarcity of labor and lack of ground space, only dead people living in the parish can be interred here.—Cemetery sign quoted by Stratford-on-Avon Herald.

Position Wanted: I am a capable night watchman, will take anything I can find.—Tel. 74336-J.—West Hollywood News.

## Spencer Individually Designed Supports



Your treatment of Viscerptosis with symptoms may be aided by a SPENCER SUPPORT, designed especially for each patient.

The abdominal support in a SPENCER is from below upward and backward, allowing exercise of abdominal muscles.

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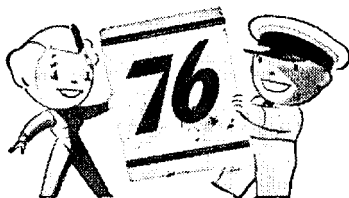
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MAin 7390



## Says Profession Can Wipe Out TB Under Leadership of AMA

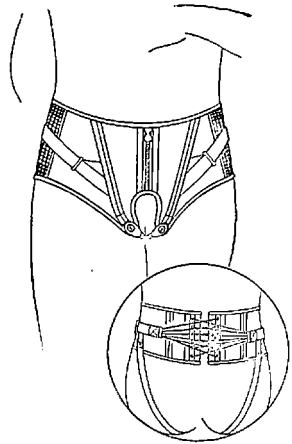
The AMA should develop, finance and actively promote a comprehensive program calling for the active participation of all private practitioners in a united effort to eradicate human tuberculosis, according to Dr. Chester A. Stewart of New Orleans writing in the July-August issue of Diseases of the Chest.

"With competent leadership," he states, "150,000 physicians should be able to conquer human tuberculosis to the same degree the American veterinarians have already conquered bovine tuberculosis. Without the leadership of the AMA, the day this objective is attained will be greatly delayed."

He added: "The following steps should be taken to launch a vigorous program of control: Tuberculin-test all citizens routinely regardless of age or state of health; re-test at least annually all who reacted negative to previous tests; test all children added each year to the population; each medical society should either purchase and operate or contract for the use of a photo-fluorographic service available to all members of each medical society; charge private patients a very nominal fee for this service in order to defray its cost; obtain standard x-ray films on the patient whose film reveals evidence of abnormal conditions in the chest; perform other clinical and laboratory studies required to complete the diagnosis; repeat the entire procedure at least annually on all patients regardless of age or health; continue this program until tuberculosis is eradicated."

The drug hydantal has been found more effective than other medicines in the anti-convulsant treatment of epilepsy, particularly in grand mal. It is combined with 0.02 gm. of phenobarbital. No side-effects are found, and toxicity is greatly reduced, according to the report made by Dr. Norman W. Clein of Seattle, reporting in the Northwest Medicine, July.

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## FACTS AND FIGURES FROM HERE AND THERE

Some 800,000 of the 4,493,000 rejected selective service registrants were turned down because of mental disorders, which led all causes for Army rejections, Selective Service Headquarters announces. Most cases fall into the classification of psychoneurotic or obsessive type of disorders and psychopathic or immature, childish type of personality. The proportion of cases of the latter was higher among Negroes than among whites, and among young persons than old. The reverse was true for the psychoneurotic disorders.

Successful oral administration of penicillin to 16 patients with gonorrhea and one with sinusitis complicating scarlet fever is reported by Dr. W. D. Paul, C. Rhomberg, A. P. McKee and J. W. Pichette of Iowa City in the Journal of Iowa State Medical Society, June, 1945. Aluminum Dihydroxyl Aminoacetate (Algyn) was used as the anti-acid buffer.

Approximately \$4,000,000 is being spent to build a penicillin factory at Liverpool, England, with the cooperation of American producers. Much of the equipment will be shipped from the U.S., and technical employees will be trained in the U.S.

Blue Cross membership has risen to the record total of 18,800,000 in 43 states, District of Columbia, 7 Canadian provinces and Puerto Rico. Membership increased more than 500,000 in the first six months of this year.

Medical students at Columbia University no longer go into communicable disease wards to study the sound of whooping cough. Records of three whooping cough cases have been made on a General Electric magnetic wire recorder for study of the sounds.

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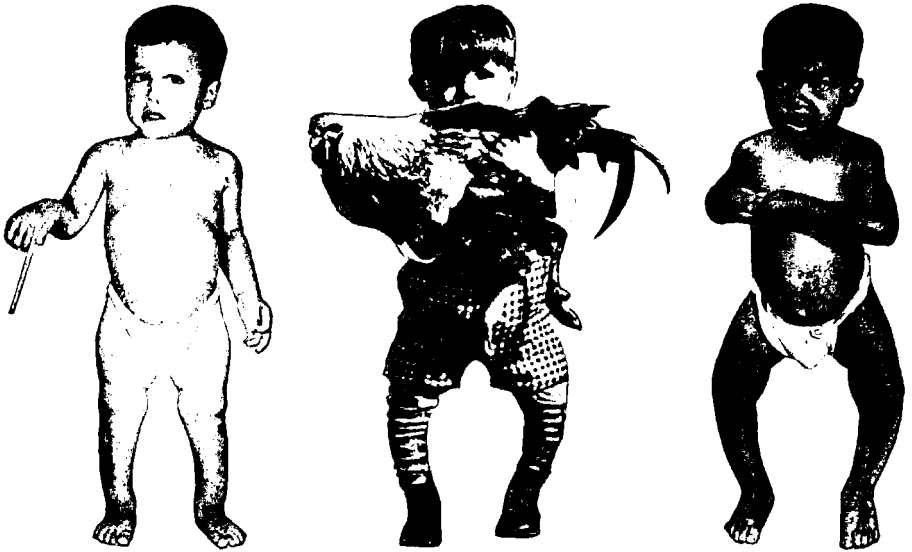


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## IT DOES HAPPEN HERE

*Severe rickets still occurs — even in sunny climates*

Vitamin D has become such an accepted practice in infant feeding that it is easy to think that rickets has been eradicated. However, even deforming rickets is still seen, as witness the above three contemporary cases from three different sections of the United States, two of them having well above the average annual sunshine hours for the country. In no case had any antiricketic been given during the first two years of life. *It is apparent that sunlight did not prevent rickets.* In other cases of rickets, cod liver oil was given inadequately (drop dosage) and even this was continued only during the winter months.

*To combat rickets simply, inexpensively, effectively —*

## OLEUM PERCOMORPHUM

This highly potent source of natural vitamins A and D, if administered regularly from the first weeks of life, will not only prevent such visible stigmata of rickets as pictured above, but also many other less apparent skeletal defects that might interfere with good health. What parent would not gladly pay for this protection! And yet the average prophylactic dose of Oleum Percomorphum costs less than one cent a day. Moreover, since the dosage of this product is measured in drops, it is easy to administer Oleum Percomorphum and babies take it willingly. Thus there is assurance that vitamin D will be administered *regularly*.

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Oleum Percomorphum 50% is now known as Oleum Percomorphum With Other Fish Liver Oils and Viosterol. A source of vitamins A and D in which not more than 50% of the vitamin D is derived from Viosterol. The potency remains the same; namely, 60,000 vitamin A units and 8,500 vitamin D units per gram.

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## Should Vitamin D Be Given Only To Infants?

Vitamin D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startling high incidence of rickets in children two to 14 years old. Follis, Jackson, Eliot, and Parks\* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as found in many of our children, interfere with health and development, but our studies as a

whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicates the necessity to suspect and to take the necessary measure to guard against rickets in sick children."

\*—R. H. Follis, D. Jackson, M. M. Eliot and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:11, July 1943

Toward the final days of the war, the Army had discontinued the issuance of sulfa drugs to me for administration orally and on wounds to ward off infection. It was found that the sulfas were not entirely satisfactory in preventing blood poisoning and slowed the natural healing process. The men tended to save the tablets for use in combatting gonorrhea. If not enough tablets were taken, the sulfa would build up an immunity against itself, and might also suppress the disease without curing it.

# GLYKERON

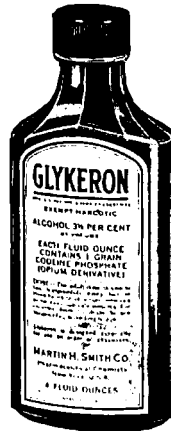
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Your patients with respiratory affections do better when they sleep better—*without coughing.*

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# Through The Menstrual Years of Life-

THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

In Ergoapiol (Smith), the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin. Its sustained tonic action on the uterus provides welcome relief by helping to induce local hyperemia, stimulate smooth, rhythmic uterine contractions, and serve as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the comprehensive booklet "The Symptomatic Treatment of Menstrual Irregularities."

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..THE PREFERRED UTERINE TONIC..



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Excessive uterine bleeding  
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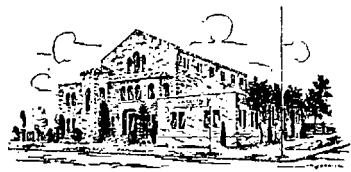
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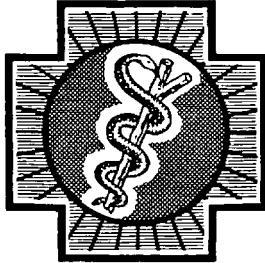
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# Bulletin

Vol. XV—No. 8



NOVEMBER, 1945

## *Program*



**NOVEMBER 13**

Medical Arts Auditorium — 8:15 p. m.

A sound movie in color, "MODERN NUTRITION," prepared by E. R. Squibb & Sons in cooperation with the National Research Council, featuring Drs. Norman Jolliffe, Tom D. Spies, W. H. Sebrell and Robert Goodhart.

The Tacoma District Dental Society has invited our society to attend its meeting on November 20. For further details turn to page 6.



**OFFICIAL PUBLICATION - PIERCE COUNTY MEDICAL SOCIETY**

# Pierce County Medical Society

1945-1946

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### Bulletin

L. A. Hopkins
W. W. Mattson
Editor
Business Manager

# The Need for Unity

With the resumption of Peace time Practice more time becomes available for the study of questions confronting and affecting all doctors.

Service colleagues are returning and we are hopeful they bring with them a useful experience and a determined energy and the "know how" to pursue practices of a high standard.

We need the help these men can give in relieving the pressure at home and we need their ideas to help determine and settle issues facing the profession more aggressively than when they left. Their absence has been serious, for a divided profession has not withstood the continuing chants of failure that have been mounting in volume.

This tiresome repetition of damnation of the doctors has in turn developed a "public be damned" philosophy in a sizable group of tired civilian physicians.

Excusable as this may or may not be, the economic and social demands being made on medical effort approaches a final decision which rests with the voice of public opinion.

We are hopeful of restoring confidence in our ability to guide and administer the health problems that are rightfully ours.

With those individuals who choose an independent policy in determining the course to follow there can be no quarrel; survival of independence, the various freedoms, etc., are inalienable, it is presumed.

There are others just as sincere who doubt the wisdom of individual policy makers if we are to retain the advantages of numerical unity.

There is no question that the future of medicine demands concerted action and we do not believe compromise in an economic sense involves with it a moral compromise.

The question is, "Should an economic compromise be accepted by all of us voluntarily or do we involuntarily demand one?"

NOTE: The author of this guest editorial asked to remain anonymous.

## "Gone . . . But Not Forgotten"

The Physicians and Dentists Business Bureau is no more. Twelve years ago it was conceived, brought forth and nourished on high altruistic plans of service to the profession and to the public. It was the focal point for numberless discussions at the Friday noon sessions of the self-perpetuated Economics Committee, most of whom are now gone.

It had a lowly financial birth and upbringing; too lowly in fact ever to be able to rise above the monetary demands which continuously hampered its years of ministering to the doctors' income problems. Its rating bureau, built up through years of expensive careful effort, was never appreciated and so it drooped and died of professional neglect.

The telephone exchange was the doctors' obedient and long suffering servant twenty-four hours a day for the past twelve years. Never will the doctors know or can they understand how much helpful personal service they received from those wise-in-the-ways-of-doctors keepers of the switchboard. St. Peter's generosity will be badly strained to overlook much telephone information and misinformation given to cover a multitude of medical practice shortcomings.

In ways too numerous to mention the Business Bureau was the doctors' man Friday—always willing to help and to help without question and without price. The collection department consistently endeavored to effect payment of medical bills while retaining that valued medical possession, a proper patient-doctor relationship.

And they did succeed in bringing to the doctors a very handsome return without stooping to certain collection practices.

To begin business during a period of financial depression; to survive through lean pre-war years and now to fold up at this peak of war born prosperity is what could rightfully be called a paradox. May we hazard this explanation? During these war years there have been fewer Bureau

member doctors. Much money in circulation meant few charge accounts and still fewer collection accounts.

Fixed charges for Bureau overhead had to be met each month and as these gradually became greater than income the unhappy ending was inevitable.

And so with mixed emotions, we must announce that the one and only official medical society business venture has closed its doors.

To those who first visioned and put into operation the Business Bureau; to those who served its needs so faithfully for inadequate compensation; and to those in charge of the final settlement, much thanks are due.

The Physicians and Dentists Business Bureau is no more but the professional business of physicians and dentists continues in its vital importance.

## PROCTOR PHARMACY

Our business is the compounding of prescriptions. To that purpose we exert every effort to assure your complete satisfaction and to merit your continued patronage.



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Successor to W. P. Ragsdale



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## **TRUSSES**

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## Recent Activities of National Physicians Committee

In late August the National Physicians Committee mailed to the Presidents and Secretaries of all State Medical Societies, the Secretaries of all County Medical Societies, and the advertising departments of all daily newspapers, a series of five newspaper advertisements, for which the Committee offered to provide mats free of charge for advertisements to be published under local sponsorship.

To date the Committee has actually mailed on direct request one thousand and sixty sets of these mats. On this basis it can be conservatively estimated that some two thousand to twenty-five hundred of these advertisements will eventually be published.

Arrangements were made with the American Press Association to make a poll of opinion of the editors of weekly newspapers. This poll was reported in the September issue of the "American Press," indicating that 80% of the editors of weekly papers are opposed to the compulsory health insurance provisions of the Wagner-Murray-Dingell bills.

The Committee has produced its basis document on the Wagner-Murray-Dingell bills, under the title "Political Medicine and Freedom of Enterprise." This booklet has been mailed to all doctors in the United States, other professionally interested groups and to two hundred twenty thousand laymen on our executive mailing list. The ultimate distribution of this document will exceed one million copies.

Current surveys show there has been a definite increase in demand on the part of the public for means for paying the cost of unusual and prolonged illness.

In 1943—65% of the people of the United States believed that some means can and should be found for making it easier to pay the costs of unusual illness and hospitalization. In 1944 this figure had moved up to 70%. In 1945—80% of the people believed that something can and should be done.

Our preliminary reports indicate that only 40% of the people know about the government proposals, but that 70% of the people are familiar with voluntary group insurance programs.

When the plans are explained to them and they are asked: "Is the plan good, fair or a poor idea?" they reply as follows:

Government Plans			
Good .....	50%	Poor .....	20%
Fair .....	20%	No Opinion	10%
Insurance Programs			
Good .....	65%	Poor .....	5%
Fair .....	20%	No Opinion	10%

These findings seem to indicate conclusively that the people have now clearly defined in their minds the desirability of a plan to provide for the pre-payment of medical care and hospital costs on voluntary bases.

During the fiscal year which closed on the last day of October, the National Physicians Committee has enjoyed by far the greatest financial participation it has known since its organization in 1939.

Washington now ranks third of the States in percentage of doctor participation and fifth of the States in the amount of per capita contribution.

### Doing One Thing Well

17 Years Experience Making Glasses  
To the Eye Physician's Prescription



**Erickson Bros.**  
OPTICIANS

Ground Floor - Medical Arts Bldg.

"Damn it, Mable, I think I have a flat tire."  
"That makes us even, Sergeant."

## MEETING WITH TACOMA DISTRICT DENTAL SOCIETY

The members of the Tacoma District Dental Society have kindly invited the Medical Society and any others who may be interested to attend their meeting on November 20. This will be a meeting of great interest and importance, as the speaker is to be James P. Neal, the legal representative for the Washington State Medical Bureau and the Washington Physicians' Service Corporation. Mr. Neal knows all the present angles and a good many of the answers to State and Federal medicine and is always in demand as a speaker. Let's get out and show our dental brothers that we really appreciate their invitation to this timely talk.

Then there was the Scotchman who wanted to build a stone wall, and called up the Masonic Temple for a couple of free masons to do the work.

## St. Joseph's Hospital Entertains

St. Joseph's Hospital was generous host to their staff physicians at a dinner party on Tuesday evening, October 30th.

Tastefully decorated tables were arranged in the large dining room and from the attractive centerpiece for each table to the final dessert the repast was perfect.

Special mention is made of the efficient and attractive nurses who skillfully served the doctors and added much to the pleasure of the evening. Sister Superior Jane and her associates received the appreciative thanks of the doctors fortunate enough to be present.

Flying over the Bay of Naples, an air pilot turned to his passenger and said: "Have you heard that phrase, 'See Naples and Die'?"

"Yes," said the passenger.

"Well," said the pilot, "take a good look—the propeller's come off."

*At Last . . .* a compact,

## light-weight **ELECTRONIC STETHOSCOPE!**

MAICO presents the STETHETRON

For the first time, there is now available to the medical profession a small, highly efficient electronic instrument for quicker, easier, more accurate auscultatory diagnosis.

The Stethetron not only intensifies body sounds, but enables the physician to emphasize particular sounds while subduing others. Rales and heart murmurs, extremely important in diagnosis but often scarcely distinguishable with an acoustic stethoscope, may be intensified many fold, and given greater relative prominence by subduing the normal heartbeat sounds. Both vol-

ume and tonal emphasis may be regulated at will.

Being self-powered with tiny hearing-aid batteries, the Stethetron may be used anywhere. Its trim, compact case may be suspended from a strap worn around the neck or may be laid on a desk or table while in use.

The Stethetron is the fruit of years of research and patient collaboration of physicians and engineers. It is the latest achievement of an organization that has long pioneered in medical electronics—an organization that has attained notable recognition in the medical profession by supplying 90% of America's precision audiometers.

PIONEERS IN MEDICAL ELECTRONICS

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## WILL RUSSIAN MEDICINE TURN THE TRICK?

Russia, with a population of approximately 170 million, now has 150,000 doctors, as compared with our 120,000 active practitioners for 130 million people. In addition, Russia has 300,000 trained medical aides (feldshers), midwives and nurses. Some 800,000 hospital beds are available in Russia; in the United States in 1941 there were 1,324,381. The sixty medical schools in Russia are comparable in quality to our seventy-seven Grade A schools. Medical school tuition in Russia is free and all living needs are provided the students who, after graduation, are sent into rural communities to practice for three years. At the end of that period they are free to select a location for carrying on their profession, but there is no "private" practice as we know it in the United States. All doctors are employees of the state. They are free, however, to specialize if they choose, or devote themselves to research in connection with or independent of their regular work. The effectiveness of Russia's system of training doctors is evidenced by the contributions now being made by her physicians in the art and science of medicine; these are no less than the gigantic efforts of their countrymen in waging and winning World War II. A physician's average yearly salary is between \$1,500 and \$3,500 which is a more than adequate income in Russia. In addition, each doctor receives an annual four week's vacation with pay, three month's postgraduate work at government expense every three years, and, like other citizens of Russia, is eligible for sick benefits and old age pensions.

Such facts as these, seeping gradually into the minds of the American public through their reiteration in one form or another in our newspapers and magazines, will undoubtedly prove influential in preparing the soil for the ultimate acceptance of some measure of socialization in American medicine. The best move that organized medicine can make right now, if it is

concerned with the perpetuation of the American policy of free enterprise is to take the lead in a sincere effort at real democratization within its own field, starting with schools and hospitals.

(Reprinted from The Bulletin of the Academy of Medicine of Cleveland)

## COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the month of October, 1945:

Chickenpox .....	36
Diarrhea and Enteritis .....	3
Diphtheria .....	4
German Measles .....	7
Gonorrhea .....	55
Measles .....	112
Mumps .....	14
Poliomyelitis .....	4
Scarlet Fever .....	6
Syphilis .....	18
Tuberculosis .....	15
Whooping Cough .....	8

## Meeting Plans Venereal Control

On October 10th at a dinner meeting in the Winthrop Hotel, a group of military and lay authorities, comprising the "National Team" considered with interested Tacoma citizens the program of venereal control. With the demobilization of the armed forces, the effective military control measures for venereal disease will also be disbanded and must then be taken over by the community.

The situation in Tacoma is far from satisfactory and demands more continuing interest on the part of the medical profession.

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## THE DANGER HAS NOT PASSED

The defeat of recent attempts to secure the approval of the California State Legislature for compulsory health legislation has engendered in many members of the medical profession a feeling of elation and false security as though some permanent solution of the problem had been achieved. Nothing could be further from the truth.

What we really have is a breathing space in which to prove that we can and will sell our voluntary prepayment plan, California Physicians' Service, and that adaptations of this plan can be devised which will make it applicable to enough people to render the political threat of government interference in the practice of medicine unlikely.

This was brought home to me personally a few days ago when the Honorable Charles Lyon, speaker of the California State Assembly and according to Ben Read a good friend of the medical profession, spoke on California's post-war problems to the service club over which I preside. Mr. Lyon stated that the unwillingness of the legislature to permit the passage of any health legislation at this time was due to the fact that many doctors and citizens who would be affected were away in the armed forces and could not express themselves on the subject. Obviously, now that the war is over and these citizens are returning we will no longer be able to avoid the issue on that basis.

War time prosperity also undoubtedly has acted to remove much of the social pressure for medical security which was revealed by our poll of public opinion in California in 1943. The various medical plans sponsored by the aircraft plants and shipyards were a partial answer to the demand as long as they continued to operate, but V-J day sealed their doom. We now look forward hopefully to a post-war boom to solve the problems of payment for medical care and should it occur, our respite will be lengthened.

Only the unthinking physician can delude himself into the belief that the cry for some form of health legislation will not recur. It is the avowed purpose of the labor unions to continue their efforts to obtain tax supported health legislation and since such plans represent a form of wage increase we may not reasonably expect the demand to cease as long as there is any remote possibility of its being acceded to.

As physicians who are, theoretically, aware of the emotional and psychological problems of our patients we should be among the first to recognize how feelings of insecurity are engendered by a society such as ours which increasingly draws its members away from the security of the soil into the urban industrial system which provides the necessities of life only as long as employment and wages are adequate. When this adequacy ceases the demand for a political solution to the problems of food, shelter, and medical care becomes acute.

The problem of the medical profession is to seek the least harmful answer to the demand for medical security, which cannot fail to recur unless society has unwittingly discovered an adequate answer to the problem of unemployment. We have time now to study the weaknesses of compulsory health legislation so that we can suggest desirable precautions when the crisis again occurs. Until then we have a chance to prove our contention that voluntary plans are better and that California Physicians' Service, our own plan, will work.

The alternative will be State Medicine.

K. C. Brandenburg, M.D.

The Bulletin of the Los Angeles Medical Assn.

"Why don't you get some new toys," said the modern mother to the toy dealer. "You are selling the very same kind I had when I was a girl."

"Ah, madam," replied the wise old toy dealer, "what need of new toys when we have new children all the time?"



# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

**OFFICERS**

President.....Mrs. George Moosey  
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 First Vice-President.....Mrs. J. V. Schwind  
 Second Vice-President.....Mrs. S. F. Herrmann  
 Secretary.....Mrs. Hillis Griffin  
 Treasurer.....Mrs. Lawrence Skinner

**COMMITTEE CHAIRMEN**

Social.....Mrs. Karl Staatz  
 Program.....Mrs. John Steele  
 Telephone.....Mrs. Robert Lantiere  
 Publicity.....Mrs. Lawrence McNerthey  
 Corresponding Secretary.....Mrs. R. D. MacRae  
 Historian.....Mrs. George Vandenberg  
 Membership.....Mrs. S. F. Herrmann

The November meeting will be a tea at the home of Mrs. W. H. Ludwig, 2601 North Junett Street.

**TIPPING**

Lillian Eichler in "The Customs of Mankind" tells how tipping originated, as follows:

"It was at one time customary for barbers to perform minor operations in surgery. During the era when bleeding was regarded as a cure for most ills, it was to the barber that people applied to be bled . . .

"Tipping appears to have originated with barbers, for we are told that they received no definite payment for the bleeding operation.

"The patient tipped the barber whatever he was able to afford, or whatever he felt the operation was worth. England took up the custom of tipping, or feeing, finding it an excellent means of securing quick and efficient service. There appeared presently small boxes hung conspicuously in inns and road houses, above which appeared signs bearing the slogan 'To Insure Promptness'. From the initial letters of these three words is derived our word 'tip'. The box 'To Insure Promptness' has disappeared, but the tip has remained, developed, and become a universal custom."

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# MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

OCTOBER 9, 1945

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on October 9, 1945, with Dr. W. H. Ludwig presiding. Minutes of the previous meeting were read and approved.

Dr. S. E. Light presented a paper entitled "Topical sulfonamide therapy in dermatology." He stated that the use of sulfonamides in the topical treatment of skin conditions had largely been abandoned because of the sensitization to the drug which was encountered. His conclusion was that the sulfonamides should not be used in minor skin conditions because they might not then be suitable in more serious conditions. In reply to queries from the floor Dr. Light stated that he had not seen any gangrenous lesions resulting from the topical application of the sulfonamides. In treatment he has the patient stop the use of soap, cleansing the area with oil. At times he uses cold packs and Lassar's paste. So far he has noted none or very few reactions to the topical application of penicillin.

Dr. Herrmann cited a case in which a patient had become sensitized by the topical application of sulfathiazole.

Dr. Paul B. Smith spoke on the topic of "Chronic hoarseness." In order to function the vocal cords must be able to approxi-

mate, tense and vibrate. There are about 100 disturbances of these functions. Some of those mentioned were tobacco, alcohol, dust, chemicals, smoke, infections, allergies and others. Dr. Smith stated that potassium iodide is contra indicated in patients with chronic hoarseness because it aggravates the condition. General treatment consists in (1) not talking for the majority of the time; (2) cutting out irritations and mouth breathing; (3) a general buildup. Dr. Hillis, in discussing the paper, accentuated the importance of early examination to eliminate the possibility of carcinoma of the vocal cords.

Applications for membership of Dr. Paul B. Smith and Dr. John B. Morgan were accepted unanimously. Applications for courtesy membership of Dr. B. A. Bader, of St. Joseph's Hospital and Dr. Harry Anderson, of Tacoma General Hospital, were accepted unanimously.

## In Memoriam

**ROBERT S. GARNETT, M. D.**

Dr. Garnett was born in St. Augustine, Florida in 1877. His academic work was done at the Jesuit College in Spring Hill, Alabama and his medical work at Georgetown Medical College. He interned at St. Joseph's Hospital in 1902-3.

Most of his practice since then has been in Tacoma with eight years at Western State Hospital and the past four years at the Western Clinic. His was a modest retiring disposition, happily combined with ability for careful, conscientious work.

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## Personals . . .

Clifford Halvorsen takes over his new position as superintendent of the Northern State Hospital at Sedro Woolley on December 1. Dr. Halvorsen entered the armed forces in September, 1940 and was in England for almost a year and a half in charge of the neuropsychiatric service of twelve hospitals. Since his return from overseas in June he has been chief of neuropsychiatric service at Madigan General Hospital at Fort Lewis.

☆ ☆ ☆

We hear that Leland Powers is now chief medical officer for the United Nations relief and rehabilitation administration in Chungking.

☆ ☆ ☆

Scott Jones is out of the service after two years in the China-Burma-India theatre. He was delayed in resuming civilian attire by reason of the fact that the moths had made a meal of his "civvics" during his absence

and the difficulty of finding suitable substitutes. He expects to resume practice shortly.

☆ ☆ ☆

Edwin Fairbourn is back at his old office in the McCreery suite. He left for overseas duty in December, 1943 and after serving in a Glasgow hospital for six months crossed to Normandy, where he was stationed at several different towns, devoting most of his time to gastrointestinal work. Dr. Fairbourn's return from Europe was by plane.

☆ ☆ ☆

After three and a half years of military service in the Pacific Islands, Homer Humiston has returned and is at present on a trip to Chicago and the Mayo Clinic for a refresher course. Homer will be back in Tacoma November 17 to resume the practice of urology at 526 Medical Arts Bldg.

☆ ☆ ☆

Charlie Larson has returned from service abroad and we understand will take over his old job at Tacoma General within the next few weeks.

☆ ☆ ☆

We are happy to learn that Will McCreery is much improved and able to be up for a part of the time.

☆ ☆ ☆

Last month Dr. D. M. Dayton attended the annual meeting of the Seattle Pediatric Society and was elected President of the organization. When he mentioned the anomalousness of a Tacoma physician being President of a Seattle organization the situation was promptly remedied. The name was changed to the Puget Sound Pediatric Society.

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Vitallium Bone Screws and Plates

---

**1015 SOUTH TWELFTH STREET**

**MAin 0118**

**TACOMA 3, WASH.**

## Personals . . .

Major Walter Cameron plans to do at least two months post-graduate work at the Massachusetts Eye and Ear Infirmary before returning to his practice in Tacoma early next year.

☆ ☆ ☆

Dr. and Mrs. Sydney MacLean left Nov. 1st for Southern California where they plan to enjoy the winter sunshine during a much deserved vacation.

☆ ☆ ☆

Dr. Clyde Magill took a strenuous two weeks vacation hunting in a rough part of Canada. He reports that he shot a moose and drove over the worst roads in his driving experience. We know the going was bad as he telegraphed for two new tires. Maybe he said he "got" a moose instead of "shot" a moose.

☆ ☆ ☆

Dr. Hillis F. Griffin is back in his old office and finding plenty of work. During his absence very few of his old patients were cured.

☆ ☆ ☆

The next two months will probably see a majority of our Pierce County Doctors discharged from service or on their way home. Their future plans will vary but those who pick up their practice again are deserving of every help the Society members can give them.

☆ ☆ ☆

Tacoma is soon to have the advantage of the wealth of orthopedic experience obtained by Dr. Wm. Goering during his army service. He has been one of the fortunate in having had the best possible opportunities in reconstructive orthopedic work. We will also welcome his abundance of humor and cheerfulness.

☆ ☆ ☆

Dr. Govnor Teats is enjoying his new pleasure boat the owning of which, by his own testimony, consists of nine-tenths work, and one-tenth pleasure.

"My good man," said the visitor to a convict, "how did you get in this sad place?"

"Well sir," replied the convict, "you see in me an unhappy victim of the unlucky number 13."

"Indeed!" said the visitor. "How was that?"

"Twelve jurymen and one judge, sir."

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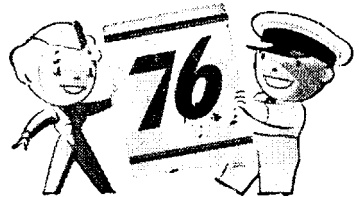
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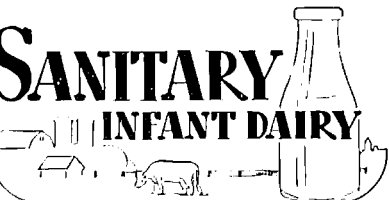


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## 13 and 3 Unlucky?

Yes . . . It is for Debtors, who in the past have failed to pay just claims.

Why? The new address of Physicians & Dentists Collection Bureau is 1303 Washington Building.

How . . . Ethical but forceful collection of delinquent accounts of members of Pierce County Medical Society and Tacoma Dental Society by six trained collectors working exclusively on delinquent claims to effect amicable collection and the best legal counsel to enforce settlement from the most reluctant debtors.

Remittances by the 10th of each month. Bonded by a surety bond.

Who . . . Physicians & Dentists Collection Bureau, 1303 Washington Building, "The Doctors' Collectors" MAin 7168.

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## THE CHEMIST'S TOAST

May his occupation never become a drug in the market so long as he sticks like his own plasters to business. May he never be bruised in the mortar of adversity by the pestle of misfortune, and may he rise in his profession, be as accurately dispensed and marked as his graduated measure. May his career be as unsullied as distilled water and as sweet and pleasant as a pure Narbonne honey. May his success never be alloyed by a mixture of ill luck or a tincture of regret. May his counter prove a crucible whereby he transmutes human ailments into precious metal and precipitates the golden deposit into his own pocket. May he never be called upon to swallow the bitter pill of disappointment or be macerated in the cruel spirit of enmity. Should fickle fortune ever refuse him her smiles, may he find the soothing opiate of woman's love, be strengthened by the tonic of experience, and purified by the sudorific of patience. Thus, his best days being evaporated and the lamp of existence past trimming, when Dr. Death sends to his shop the dreadful recipe endorsed "To be taken at bed time," he may be found carefully prepared, accurately dispensed, permanently entered in the day book of memory, neatly put up in the white wrapper of purity, sealed by the melting tears of loving friends, and duly labeled and directed for Heaven.

—Supposed to have been written in 1753 by Boyle Godfrey. The Pharmaceutical Guardian.

Son: "Dad, what was your great ambition when you were a boy?"

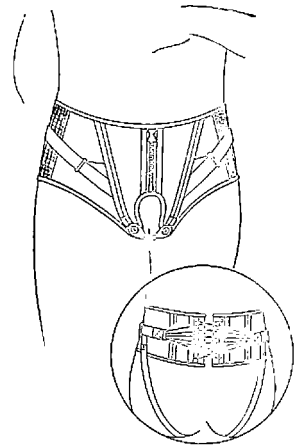
Dad: "To wear long pants. And I've had my wish. If there is anybody else in the country that wears his pants longer than I do, I'd like to see him."

☆☆☆

A printing salesman became tired of his job and gave it up to become a policeman. Several months later a former customer asked him how he liked his new job.

"Well," he replied, "the pay is good, and the hours ain't bad, but what I like best is that the customer is always wrong."

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Your patients will appreciate our guaranteed fittings from a very complete stock of trusses, belts, maternity and surgical supports. We also maintain a rental service on hospital beds, wheel chairs, crutches, ultra violet and infra red lamps.

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DEAR DOCTOR:

We welcome you to our new, modern prescription department. Our prescription service commands the most prominent spot in the center of our new large store. We believe prescriptions are the most important part of our business.

(Signed) HAROLD W. MEYER

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1106 South Kay

MAin 0504

## MODERN NIGHTINGALES

With the coming of the long-awaited day of peace, as we recount the deeds of heroism and valor that were the price of victory, we marvel at the record established by our Army and Navy Medical Corps in the saving of human life.

In this story we pay special tribute to the Nurses, those modern Nightingales who have devotedly followed the precepts of the "Lady with the Lamp."

"The Army Nurse is the Army Doctor's right hand. Without her, the present high standard of health among our soldiers, and the gratifying percentage of recovery of battle casualties, would be impossible." Thus spoke Major General Norman T. Kirk, Surgeon General of the United States Army, in 1944.

In a recent issue of Norfolk Medical News the following "Nursing Announcement" for the war years of 1861-64 was printed:

"No woman under thirty years need apply to serve in government hospitals. All nurses are required to be very plain looking women. Their dresses must be brown or black with no bows, no curls, no jewelry, no hoop skirts."

While the Nurses of World War II would hardly fit that description we have an idea that their standards were just as high.

With the call for volunteer nurses in this war, thousands of trained women gave up their accustomed duties and left their comfortable homes to join the colors as angels of mercy. Their special training completed, they were assigned to all theatres of war, on land, on sea, and in the air. They ministered to the sick and wounded, sometimes under fire, often experiencing hardships, and bravely facing even death.

In World War II the U. S. Cadet Nurse Corps provided training for worthy girls in the best hospitals, at government expense, helping greatly to provide the necessary number of nurses for the greatest army in history. By 1944, over forty thousand nurses were serving in the Army alone.

The story of the Army Nurse in this war cannot be fully told. Who will ever know what the ministering touch of the hand or the reassuring word has done for the thousands of men in pain, far from their loved ones at home? Professional nursing skill, combined with human understanding, has given the nurse an important place in modern global warfare.

Long after the noise of battle has ceased and demobilization has been completed, the nurses of this war will be ministering to the needs of our men in government hospitals. They will play an important role in the rehabilitation program. Their reward will come in the satisfaction of a job well done!

"I am the Nurse.

I walk with him in his world of pain.

He is the warrior become a boy again.

Returned to us in the backwash of war.

By God, given back to us, to make whole."

—Patchwork.

# South Tacoma Drug Co.

Fred Ludwig

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## SHOULD VITAMIN D BE GIVEN ONLY TO INFANTS ?

**V**ITAMIN D has been so successful in preventing rickets during infancy that there has been little emphasis on continuing its use after the second year.

But now a careful histologic study has been made which reveals a startlingly high incidence of rickets in children 2 to 14 years old. Follis, Jackson, Eliot, and Park\* report that postmortem examination of 230 children of this age group showed the total prevalence of rickets to be 46.5%.

Rachitic changes were present as late as the fourteenth year, and the incidence was higher among children dying from acute disease than in those dying of chronic disease.

The authors conclude, "We doubt if slight degrees of rickets, such as we found in many of our children, interfere with health and development, but our studies as a whole afford reason to prolong administration of vitamin D to the age limit of our study, the fourteenth year, and especially indicate the necessity to suspect and to take the necessary measures to guard against rickets in sick children."

\*R. H. Follis, D. Jackson, M. M. Eliot, and E. A. Park: Prevalence of rickets in children between two and fourteen years of age, *Am. J. Dis. Child.* 66:1-11, July 1943.

MEAD'S Oleum Percomorphum With Other Fish-Liver Oils and Viosterol is a potent source of vitamins A and D, which is well taken by older children because it can be given in small dosage or capsule form. This ease of administration favors continued year-round use, including periods of illness.

MEAD'S Oleum Percomorphum furnishes 60,000 vitamin A units and 8,500 vitamin D units per gram. Supplied in 10- and 50-cc. bottles and bottles of 50 and 250 capsules. Ethically marketed.

MEAD JOHNSON & COMPANY, Evansville 21, Ind., U.S.A.

## A POLITICIAN!

A recent speaker at a dinner in Boston gave his definition of a politician as follows: "A politician is a man who stands for what he thinks others will fall for."

Of course, there is a distinction between politicians and statesmen.

## JUST YES!

A blushing young woman handed the telegraph clerk a telegram containing only a name, address and one word—"Yes."

Wishing to be helpful, the clerk said: "You know, you can send five more words for the same price."

"I know I can," replied the young woman, "but don't you think I'd look too eager if I say it six times?"



*Soft.. Fluffy*  
**MUROZA-CLEANED**  
**PILLOWS**  
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A special Muroza pillow cleaning machine makes possible this extraordinary service. Each pillow ticking is washed separately . . . the feathers are individually sterilized in live steam. Accumulated dirt and greases are eliminated. The result — a truly clean pillow . . . and one that is softer, fluffier, more comfortable!

Pillows cleaned the Muroza way ARE softer . . . more comfortable. Because every last feather is sterilized in live steam . . . "fluffed" to a downy softness. Muroza pillow cleaning costs only 75c a pillow —and NOW is the time to get speedy pillow cleaning service.

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only sweetening used)
5. Scotch Oatmeal Bread
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1. Interviews with the patient and family at home by specially trained consultants to explain the treatment, determine the adaptability of patient to treatment and admit to sanitarium.
2. Private automobile ambulance service.
3. Routine conditioning therapy in which the patient's physician may participate if he so desires.
4. Complete rehabilitation service following the initial treatment with respect to employment, marital relationship, etc.
5. Full year's program of periodic return visits (reinforcements) to the sanitarium to maintain the initial aversion.
6. Complete report of physical and laboratory findings to the family doctor on completion of initial treatment, and report on each subsequent visit.

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**SEATTLE**

**24-HOUR SERVICE**

**PORTLAND**

## WILHELM CONRAD ROENTGEN

The fiftieth anniversary of the discovery of x-ray will be celebrated on a national basis during the week of November 5 to 10 under the sponsorship of the American College of Radiology. Mac F. Cahal, executive secretary of the group, announced recently.

The anniversary celebration, Cahal said, will mark the development of x-ray as a medical instrument and call public attention to the uses of radiology in the diagnosis and treatment of disease. It will also seek to educate the public to the services of the radiologist, a physician, who specializes in the medical applications of the x-ray film for diagnosis and the application of x-rays in the treatment of many maladies.

The x-rays, so-called because science did not know their exact nature, were discovered by the German physicist, Wilhelm Conrad Roentgen, on November 8, 1895, at the Physical Institute of the University of

Wurzburg in Bavaria. Early in his experiments with the newly discovered rays, Roentgen found that they would penetrate opaque objects, among them the human body. Interposing his hand between the source of the rays and a piece of luminescent cardboard, Roentgen saw the "bones of his living hand projected in silhouette upon the luminescent screen."

His discovery electrified the medical world, which immediately saw the vast possibilities of this new instrument in the war on injury and disease. While the public is generally familiar with the use of x-ray in the detection of broken bones, Cahal said, it does not fully appreciate, perhaps, the employment of radiology in diagnosing "soft tissue" pathology and the use of x-rays in the prevention and treatment of disease.

No part of the human body, due to development in the medical uses of x-ray over the past half-century, is now hidden from the radiologist. By means of x-ray

# GLYKERON

### A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—*without coughing.*

GLYKERON is an ethical product in origin, in development and distribution. It deserves your full confidence.



THE 4 OZ. B. BOTTLE

The label is easily removed by the pharmacist and your prescription directions affixed.

### Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

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

Prescribe it for the symptom of cough. Very palatable.

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

*Literature on request*

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Complete Prescription Stock



Pharmacist in charge has had 17 years' experience in Prescription Work.



We always co-operate fully with the Physician and Patient

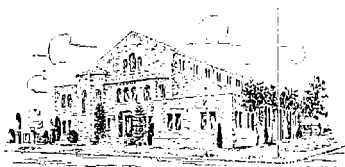


PAUL L. MICKENS  
3852 Center Street  
GARland 8136

examination, the radiologist can detect diseased conditions of the brain, the heart, the lungs, the digestive tract and other parts of the body, eliminating guesswork almost entirely. Incipient cancer, tuberculosis and other maladies are quickly diagnosed by radiology, allowing for preventive treatment which more often than not arrests the disease. The x-ray plays an indispensable role in dentistry. Also, cancer, various blood diseases and other conditions may be checked by radiation, that is, through treatment with x-rays.

The "golden jubilee" celebration of the discovery of x-ray, Cahal added, will emphasize the above-mentioned health attributes of x-ray in medicine, seeking, particularly, to acquaint parents with the most important role of radiology in the early detection of disease in youngsters. Public education in this respect, he pointed out, will go far in forestalling diseases, which, if allowed to develop, would undermine the health of youngsters, perhaps resulting in untimely death.

*Modern and Moderate . . .*



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Moderation in the expense, but the utmost in sincerity, courtesy and discretion makes ours a highly regarded service. Ask any family we have served in the past thirty-three years.



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Rich, creamy flavor . . . added digestibility . . .  
economy in use . . . are direct results  
of cream being evenly blended  
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All Clinical Laboratory Examinations

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### Why We Do Not Advertise to the Laity



• The confusion resulting from the increased laity advertising of vitamin fortified evaporated milks has further strengthened our belief that all therapeutic and infant feeding information should be disseminated only by the medical profession. Special Morning Milk is the only vitamin fortified evaporated milk in the West that is not advertised to the laity.

*Special Morning Milk is fortified with 400 U.S.P. units vitamin D and 2000 U.S.P. units vitamin A (from the natural source) per reconstituted quart.*



*Special*  
**MORNING  
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## *A Message to the Medical Profession*

For thirty-five years we have consistently cooperated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

The prescription business has never been a side line in our store. At the present time we are carrying one of the largest stocks of biologicals and prescription supplies in the Puget Sound area.

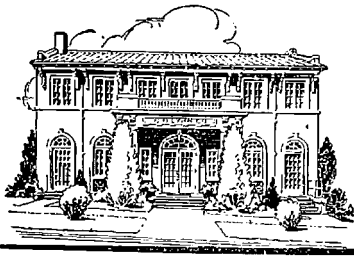
Our store is centrally located and easy to

find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

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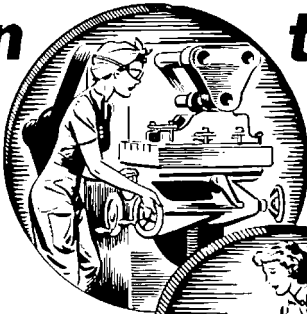
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**Dosage:** 1-2 cap. 3-4 times daily.

**Supplied:** In ethical packages of 20 cap.



OFFICIALS of the War Manpower Commission assert that women today can capably "take over" any man's job, provided it is within their physical powers.

Menstrual aberrations, however, cause frequent absenteeism and loss of efficiency. For the symptomatic treatment of functional conditions, physicians find Ergoapiol (Smith) a highly efficient emmenagogue, in which the action of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) is synergetically enhanced by the presence of apiol, oil of savin, and aloin.

Its sustained tonic action on the uterus provides welcome relief in many cases—by helping to induce local hyperemia and to stimulate smooth, rhythmic uterine contractions, and by serving as a potent hemostatic agent to control excessive bleeding.

May we send you a copy of the booklet "The Symptomatic Treatment of Menstrual Irregularities."

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THE PREFERRED UTERINE TONIC

Ethical protective mark, M. H. S., visible only when capsule is cut in half at seam.

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**SO LITTLE**

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and an honorable reputation of long standing inspire confidence. Since 1888, C. C. Mellinger Funeral Directors have served the Tacoma community with services of dignity and beauty . . . yet always moderate in price.

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# Bulletin



Vol. XV—No. 9

DECEMBER, 1945

## *Program*



DECEMBER 11, 1945

Medical Arts Auditorium — 8:15 p. m.

Study of the value of hemo-irradiation (not technic) in cases of widely different pathology.....

Virgil K. Hancock, M. D., Seattle

Two case histories



# Pierce County Medical Society *Editorial . . .*

1945-1946

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**Bulletin**

Editor	L. A. Hopkins
Business Manager	W. W. Mattson

## Medical Profession's Responsibility To Community and Nation . . .

No one will deny that the civilian doctor has been much overworked in the past four years, or that the majority of these men have sacrificed rest and their own health to carry on.

Generally speaking they have risen to the occasion by caring for increased numbers of patients in the war industries, EMIC babies, dictated numberless letters,—from requests for job changes to increases in red points, fuel oil and what not, with very little compensation in many cases.

But there are occasional reports that reach our attention, of medical or surgical charges and services that not only frighten the laity into clamoring for governmental (socialized) medical service, but also rob them of confidence in their physician, a factor that plays so large a part in their recovery.

All of us hear of and experience so many overcharges, that we must realize it will result in inflation with its ultimate end in depression, when the average American's salary or wages cannot purchase enough of the goods on the market to keep our industries operating.

There are a few Americans who have not been endowed with adequate cerebral equipment and others who have been denied the opportunities of sufficient education who believe they must pauperize themselves in order to get the services of a doctor who is reliable. However that number has never been great and is fast diminishing. The impression created by these supercharged members of our profession on the general American public unfavorably affects the profession at large, especially when aided by politicians who are dying to buy the votes of the masses with the free services

of a comparatively small group such as ours, whose voting strength (when voting) is necessarily meager.

Some of our men have worked diligently through the moderate or even low fee period and have arrived at a stage where their special services or consultation entitle them to special fees. Nevertheless these men have had the opportunity to observe that families and even individuals must have enough on which to survive after recovery from surgery or illness, and are usually smart enough to make heavy charges only on those people of large incomes.

Ours is a profession that has enjoyed the respect and confidence of the great majority of our reliable American people. No one is quite so near to the hearts or the intimate lives of his people as the physician who is willing to understand their problems and at least partially to share the lot of his clients. At this time there are many returning veterans of the various services, some of whom have war disabilities that are organic, while others are suffering from mental problems of varying severity, frequently difficult to handle. Let us, as a group which has been afforded the opportunity for greater understanding, be as charitable and tolerant in our judgement as possible; working toward a condition which will result in, "The Greatest Good for the Greatest Number." In that spirit we will justify our demand to serve the public unhampered by political or other special group control.

The above guest editorial was contributed by Dr. John M. Havlina.

## County Society Dues

This month we have received statements to the amount of \$27.50 for out-of-town members and \$40.00 for Tacoma members for our 1946 dues. This is the regular amount but there are very definite reasons to question whether this will be adequate to meet next year's exceptional needs. Most of our members who are aware of the present and future medical situation feel that these amounts are entirely inadequate to meet our fixed county expenses and to provide the necessary funds for our state legislative committee.

The doctor's interests and problems must be presented to our legislators by those who are informed and in a manner which the legislators will understand.

In the very near future we would favor a subscription from each society member for use at Olympia, knowing that it would be a worth while investment for each of us. In California the County Society Dues have been raised an additional \$80.00 for 1946 and their situation is very similar to ours in the State of Washington.

## South Tacoma Drug Co.

Fred Ludwig

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**THE BEST OIL FOR YOUR HOME**  
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## PHYSIOTHERAPY

Karen Rynning

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Spencer Support Shop  
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## THE SOCIAL ASPECTS OF MEDICINE

Excerpts reprinted from an article by E. A. Park, M.D., Professor of Pediatrics, Johns Hopkins University School of Medicine, published in a recent issue of "The Journal of Pediatrics."

All thoughtful people are conscious that great changes in the organization of society the world over are in progress. These had been developing obviously enough prior to the outbreak of this present war, but the war with its loosening and stirring-up processes has undoubtedly intensified their progress. We are in the beginning of a great social upheaval. No one can foresee just what changes will result, but it is possible to speak in generalities. A movement throughout the world toward the left, which has as its ostensible object the improvement in the conditions of the average man and his family, is in process. More consideration is going to be given and better provision made for economic welfare, housing, comfort, recreation, and, in particular, for the maintenance of health and for safeguard against helplessness during periods of joblessness, illness, and old age. The power of the individual to acquire great wealth is going to be diminished, and institutions such as our private hospitals, endowed medical schools, and universities dependent on private philanthropy will have to look for support to other sources,

very probably to the State. There is undoubtedly going to be increased power vested in the State; in other words, in spite of every desire to maintain individualism and power of initiative, more centralized control is going to be forced upon us, for the reason that such is the simple, direct way for the people to get these things which they so fervently desire. Medical care is so insinuated into the structure of society that inevitably it will be caught in the general upheaval and will share in the changes in general. No one can foresee just what the changes in medical care will be, but it is safe to say that, whether we like it or not, they will be considerable, that they will be initiated and dictated largely by the lay public, that the preventive aspects of medicine will have a much more important place than at the present time, and that medical care will be extensively reorganized and increasingly regulated and controlled by centralized authority.

All that we have to do in order to appreciate the truth of what has just been said is to look at the world around us. Take England, for example. In England the National Health Insurance Act, carrying with it the so-called Panel System of medical care, was forced through Parliament in 1911 by the Lloyd George Government against the most determined opposition of the British Medical Association. Looking back at what happened, one can see that the legislation was a revolt of the

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public from the leadership of the medical profession. The Panel System was full of defects which were subsequently partially rectified through the aid of a committee of physicians appointed by the Ministry of Health. It is generally conceded that, had the physicians of England tried to guide instead of uncompromisingly oppose, they could have made the Panel System much better for the public and for themselves from the outset. In 1943 the Beveridge Plan, which contains an elaborate system for health insurance and medical care with the creation of a system of fully equipped and staffed hospitals and health centers under State control, was made public and created enormous interest among the lay public. Indeed, the plan seemed so popular that its provisions were embodied by the Churchill Government with relatively small change in the British White Paper.

In Scandinavia an elaborate system of state medicine has been in operation for years and more recently one has been introduced and put to test in New Zealand.

In this country, we have witnessed the development of the Wagner-Murray-Dingle Bill and this bill in revised form is now before a committee of Congress. The Wagner-Murray-Dingle Bill contains ideas and provisions similar in many respects to those in the British White Paper, including health insurance, preventive medical care, improvements in the facilities for the kind of medical care rendered, and a distribution of physicians, hospitals, and medical centers determined by community requirements instead of the location of money. Other indications of the trend in medical care in this country are to be found in the special system for medical care as set up by the Group Health Association for federal civilian employees in Washington, D. C., over which the American Medical Association fought and sustained so conspicuous a legal defeat, and also in the organization of medical care at the Kaiser Shipbuilding Plant. Many other examples in which large groups of lay people have

organized their own systems could be cited. The truth is that scientific advances in medicine have far outstripped their social applications. People are beginning to realize that there exists a better kind of medicine than is generally available. In particular among the great labor groups, one sees this awareness and the full intention of obtaining these advantages.

In summary, several facts stand out clearly. A movement in the field of medical care has begun and it is plainly toward State Medicine. Moreover, on every side it is coming from the people themselves. It is just a part of a much greater movement, also emanating from the people and actuated by the vision of more security and comfort and better protection from disease and its economic consequences. It is world wide in its dimensions, and has the uncontrollable force of all world movements.

We physicians have power to guide the forces of change; it is the personal opinion of the writer that we have very little power to stop them.

Before concluding, a word of caution is in order. When Galileo declared the earth round, the Catholic Church, in the person of the Pope, silenced and punished him. When Darwin brought forward the theory of evolution, obstinate opposition arose not only from the laity but also from scientists. The ideas were too big and different to be swallowed and digested immediately. The human mind instinctively dislikes change because it fears change, particularly when the change involves the unknown, leaving security for doubt. Yet all of us know in the depths of our minds that progress means change and that change in the right direction is the only way in which progress can be attained. We must all of us, therefore, in this critical time, take precautions against being prejudiced against ideas just because they are new and strange. We must attempt to obtain a detached point of view and if new ideas seem on adequate study good, we must not be afraid to try them.

## Office Space in the Medical Building

As questions are arising relative to the status of our returning service doctors and office space, the following information was obtained from our Medical Society records.

On September 8, 1942, the trustees met with Mr. Reynolds and Mr. Britton, representing the building management and from that conference the following resolutions were submitted to the Society membership, voted upon and passed.

1. Any man taking the office space of a member going into Service be required to agree in writing with the Society that on 30 days notice he will give up the space to the original tenant on his return, if that tenant so desires.

2. Any man occupying another man's space to either buy the equipment—curtains, floor covering, fixtures, etc., outright on a basis of 10% depreciation per year or pay a rental on a yearly basis of 10% valuation.

3. Men in the Service have the privilege of having their names remain on the building registry followed by U.S.A. or U.S.N. but their names should be removed from the office doors

4. That an appraisal committee be appointed by the Society to determine the value of the property of any member who becomes a fatality, if the member's family so desires.

5. That the Society appoint one or more members as guardians of stored equipment and that the Society provide insurance for the same.

6. That any non-member who rents space previously occupied by a service member be contacted and the above resolutions explained.

7. That prospective Service members select men to vote by proxy in their absence;

no proxy being allowed more than five votes.

The above resolutions were approved by a majority vote of the Society and Dr. T. B. Murphy was appointed by President Magill to act as guardian of the interests of the men in the Service.

### Any Physician May Exhibit "When Bobby Goes To School" to the Public

Under the rules laid down by the American Academy of Pediatrics, their educational-to-the public film, "When Bobby Goes to School," may be exhibited to the public by any licensed physician in the United States.

All that is required is that the endorsement by any officer of his county medical society. Endorsement blanks for this purpose may be obtained on application to the distributor, Mead Johnson & Company, Evansville, Indiana.

Such endorsement, however, is not required for showings by licensed physicians to medical groups for the purpose of familiarizing them with the message of the film in advance of public showings in the community.

"When Bobby Goes to School" is a 16-mm. sound film, free from advertising, dealing with the health appraisal of the school child, and may be borrowed without charge or obligation on application to the distributor, Mead Johnson & Company, Evansville, Indiana.

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TACOMA

## Personals . . .

May we suggest that some time next January a dinner meeting to honor returned veterans be given and that it be a joint meeting with the Woman's Auxiliary.

☆☆☆

Tom Bowles left Tuesday for a trip to Missouri which has been long postponed. We hope Tom's jinx stays behind and that his extended vacation is everything he anticipates.

☆☆☆

It isn't every doctor who can have his scientific efforts recorded in a foreign medical journal. An article on X-ray chest findings in a large number of draftees, by S. S. Sanderson was reprinted in one of the most widely read Spanish journals published in South America.

☆☆☆

Herbert Meier, after three years service, twenty months of which was in the China-

Burma-India Theatre, is back and ready for work.

☆☆☆

Charley Larson has been showing the service clubs pictures of the results of German atrocities which he witnessed in his overseas service. We suggest that the program committee put Charlie on for an unexpurgated talk—he has such.

☆☆☆

To those of our Society who are on their way home—to those who hope to start soon—and to those who will come later—we will be glad when you get back to Tacoma.

---

### PARTICULAR

Farmer (to druggist): "Now, be sure an' write plain on them bottles which is for the Jersey cow and which is for my wife. I don't want nothin' to 'appen to that Jersey cow."

## HOMOGENIZED FOR HEALTH

Rich, creamy flavor . . . added digestibility . . .  
economy in use . . . are direct results  
of cream being evenly blended  
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# WOMAN'S AUXILIARY

*To The Pierce County Medical Society*

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President-Elect .....	Mrs. S. E. Light
First Vice-President .....	Mrs. J. V. Schwind
Second Vice-President .....	Mrs. S. F. Herrmann
Secretary .....	Mrs. Hillis Griffin
Treasurer .....	Mrs. Lawrence Skinner

**COMMITTEE CHAIRMEN**

Social .....	Mrs. Karl Staatz
Program .....	Mrs. John Steele
Telephone .....	Mrs. Robert Lantiere
Publicity .....	Mrs. Lawrence McNerthey
Corresponding Secretary .....	Mrs. R. D. MacRae
Historian .....	Mrs. George Vandenberg
Membership .....	Mrs. S. F. Herrmann

The December meeting will be a luncheon at 12:30 on the 13th at Dalhem. Dr. Gladys Underwood, of Vancouver, Washington, State President, will be a guest and the speaker for the meeting will be Dr. Esther Whitman, Psychologist for the Tacoma Family and Child Service, who will tell of her work in child guidance.

**AUXILIARY TO STUDY HEALTH INSURANCE**

(Presented by The Women's Auxiliary to The Los Angeles County Medical Assn.)

A study group on Compulsory Health Insurance is now being conducted under the auspices of the Woman's Auxiliary to the Los Angeles County Medical Association. The group will meet at 10:00 a. m., the third Tuesday of each month in the lounge of the Los Angeles County Medical Association, 1925 Wilshire Blvd. This group is studying under the able direction of Mrs. Paul Blaisdell, who has devoted her full time and energies to the study of this problem.

Each doctor's wife is urged to attend these meetings in order to be better informed on this subject.

Destructive criticism of proposed socio-medical legislation or purely obstructive measures will be detrimental to medicine. Such behavior will merely hasten the in-

stitution of a system that American medicine does not want. Nor will the problem be solved by disinterest, procrastination or apathy. The public must be informed of the virtues and deficiencies of our present system and the pitfalls of the proposed methods, if we expect the voters to choose between private medical practice and social medicine.

The doctor's wife could be an excellent medium for dissemination of medical facts. With this study group and with the cooperation of the medical association, she should find herself admirably equipped to present material for argumentation and debate.

"You must come to my housewarming next Friday."

"Fine! I'll bring the matches."

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Following Herniotomy a Spencer Support, designed especially for the patient, provides compensation for weakened abdominal muscles and promotes natural restoration of muscle tonus.

In a Spencer, the support to the abdomen is from above, upward and backward, leaving the abdomen free. Natural exercise of muscles is thus permitted.

Weakened abdominal muscles that have been stretched regain their tone sooner when sagging is checked by a gentle support.

Each Spencer support is individually designed, cut and made to meet the specific posture and health needs of the one patient who is to wear it. This assures the doctor that the support will be correct from the standpoint of body mechanics; that it will fit exactly, be perfectly comfortable.



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1. Interviews with the patient and family at home by specially trained consultants to explain the treatment, determine the adaptability of patient to treatment and admit to sanitarium.
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- \* In Service with the Armed Forces

**SEATTLE**

**24-HOUR SERVICE**

**PORTLAND**

## Minutes of Regular Meeting of Pierce County Medical Society - November 13, 1945

NOVEMBER 13, 1945

The regular meeting of the Pierce County Medical Society was held in the Medical Arts Auditorium on November 13, 1945. The meeting was called to order at 8:30 p. m. by Dr. W. H. Ludwig, President, with about eighteen voting members present.

The order of business was changed. Dr. Wright presented the publicity campaign recommended by the National Physicians' Committee. He detailed the costs that would be involved in handling this through the local papers. No action was taken.

Dr. Les Baskin was welcomed home from

the service and Dr. Dumont Staatz was introduced to the membership.

Minutes of the previous meeting were then read and approved.

Correspondence was read and a sound movie film entitled "Modern Nutrition" was presented through the courtesy of E. R. Squibb Company.

There being no further business, the meeting adjourned.

Her: "I suppose all geniuses are conceited."

Him: "Some of them—but I'm not."

### FEDERAL BAKERY

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## HEALTH BREADS

Take Your Choice—

1. Soya Bread (Non-Acid)
2. 100% Wholewheat (No white flour used)
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6. Potato Bread

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For thirty-five years we have consistently co-operated with the medical profession of this locality. Advertising during this period of years has always been fully as beneficial to the medical profession as it has been to ourselves.

The prescription business has never been a side line in our store. At the present time we are carrying one of the largest stocks of biologicals and prescription supplies in the Puget Sound area.

Our store is centrally located and easy to

find, and we have five competent registered men in charge. Some of these men are graduates of colleges of pharmacy.

In addition to our prescription department, we have a few other lines which do not conflict in any degree with the medical profession, such as toiletries, sundries, fountain pens and tobacco.

It will always be our policy to continue putting our best efforts into our prescription department.

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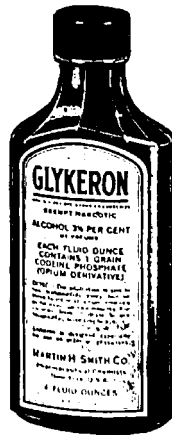
### A Bronchial Sedative

Control the cough that weakens your patient.

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Your patients with respiratory affections do better when they sleep better—*without coughing.*

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Prescribe it for the symptom of cough. Very palatable.

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Literature on request

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## Tacoma General Hospital News Notes . . .

Almost every day we are noticing the return of familiar faces, as the doctors returning from service in the armed forces are once again making their rounds. Recently Dr. Fairbourn, Dr. Griffin, Dr. Hurst, and Dr. Baskin, have returned, and have been welcomed back. Dr. Charles P. Larson has also returned, and has resumed his duties as Director of Laboratories. Assisting him again as Staff Photographer, is Kenneth Ollar, who spent about two years overseas.

The new Nurses Home is now being plastered, but we have doubts about being able to move in before February or March. Seems like the shortage of labor has held things up somewhat, and our hope of getting in by Christmas has been dashed to the ground..

A letter received from Jean Hamilton,

former Obstetrics Supervisor, (Captain Hamilton, N. C.) tells of an amusing experience in her hospital overseas. She is now an Anesthetist, but in a recent emergency assisted in a delivery in much the same manner as she did at T. G. It seems as though an officer's wife, while visiting him at the hospital, began to have "strange" feelings, and later that night gave birth to a fine baby at the Army hospital.

Gladys Hovland, Lieutenant, N. C., was a recent visitor. She spent over two years in Hollandia, New Guinea, and on Luzon, P. I. She will be discharged from the Army soon. Miss Hovland was Supervisor on First North before entering service. Word from Esther Erdahl is that she is "sweating out" (to use a good G.I. expression) a boat ride home, and is anxious to get here.

Dr. Duncan Robertson, who interned at Tacoma General in 1942-43, was a recent visitor. Dr. Glenn H. Wyler, who interned here the same year, reports by letter that he expects to be here next month. Dr. Wyler, it is said, is a notoriously poor sailor, so he joined the Army. And so, ironically, he was assigned to a troop transport, and has made 13 trans-ocean voyages. He was, at the time of writing, in Calcutta, and when he returns to the Pacific Coast will have made a round-the-world circle this trip.

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### HIS PUZZLED LOOK

Angry Customer: "Look here, waiter, I just found this button in my soup."

Waiter: "O, thank you, sir, I could not think what had become of it."

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## A FEW OBSERVATIONS FROM THE LAST ISSUE OF MEDICAL ECONOMICS

As birthdays draw near several of us have a fellow interest in reading from "The Ageing Population," that with each passing year there is an increasingly higher percentage of oldsters.

The Bureau of Census expert tells us that complaints of the ageing and chronically ill will largely supplant cases of acute disease.

Those who share in the Old Age Assistance program know the tendency among doctors to regard the troubles and complaints of these old folks as misfortune to be for the most part expected. The State pays the drug bill which is very generous and over 50% goes for vitamins. The article suggests that geriatrics will "offer fresh incentive to the practicing physician, particularly the younger man." Another problem for medical years ahead.

How to painlessly save 10% of your income by just—well by just saving it—offers wonderful possibilities. Making the savings "untouchable" is the essential feature and if followed should develop more will power and self-control than any other form of moral, cultural, professional or financial exercise indulged in by the medical profession. We wonder if the anonymous proponent of that plan isn't an undercover advocate of the Wagner-Murray-Dingle bill. He would have us learn how to save 10% of our entire income and like it so that when the government nicks our incomes up to \$3,500.00 a paltry 5% we will take it in our stride without protest. The fly in the ointment is that we first have to get the money and then pay an income tax on the 10% or 5% or both.

Another idea which may help when money becomes scarce to pay doctor bills and accounts accumulate, is to hire a private collector. One of those friendly, easy

to get along fellows, can visit your clientele and solicit payments of all or part. If we were going to give up our regular collection agency may we suggest hiring instead of a friendly male, an attractive young lady and have her make the calls when the man of the house was at home. That collection idea would be good were it not that she would need a car and where could she get one unless she could win the 1946 Chevrolet by buying the lucky Victory Bond. She may have to walk.

On pages 68 and 69 are interesting graphs relating to Blue Cross and Medical Society Prepayment plans. The comparison is somewhat misleading because the Blue Cross plan, as far as hospital coverage is concerned, is very uniform throughout the United States. The medical prepayment plans listed to different cities and states are a conglomerate group all differing in types and limitations of coverage, and none, by the way, as liberal in their coverage as are those in our own state. Judging from the figures given on page 69 it would appear that Washington should rank second in membership rather than California, but we have heard that the California Physicians Service is having a rough time and needs encouragement.

Labor's program to socialize medicine internationally is a very interesting and informative article showing some of the influences at work over the past 25 years which undoubtedly have contributed to the present medical situation. International Labor Organization concerns itself with problems of labor and social conditions, of which medical care is a part. It covers a very large field and as the article states "few people have any conception of the influence of the I. L. O. on their daily lives." As this world draws closer and closer together and isolationism is gradually relegated to limbo, the need for broadminded, active international cooperation becomes not only desirable but increasingly essential. This is shown most forcibly by the world's present problem of the atom bomb. The list of

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U. S. delegates and their advisers to the I. L. O. given on page 109 should be sufficient assurance that the interests of our people are intelligently and efficiently represented.

This resume should close on a happy theme, but instead we note that the working hours of the M.D.'s in 1943 were 11 hours. If it was that many in 1943 it was more in 1944 and still more in 1945 until the general public could well wonder at this time when the doctor sleeps. Next year will be easier with more doctors and fewer calls and, sad to say, probably less money in circulation. Fewer travelers in the elevators and more time at home will be a very, very welcome change.

### A CASE FOR THE POUND

"I am not well, doctor."

"How do you live?"

"Like any other poor dog—I work like a horse all day, I'm always ravenous as a wolf, then I am as tired as a dog and sleep like a bear."

"You had better consult a veterinary surgeon."

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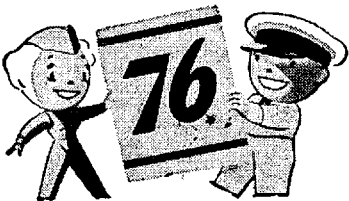
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The policy of *fairness* to  
all and *for all* explains  
why Tacoma families turn  
to *Lynn's* with complete  
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**C. O. Lynn Co.**  
**Mortuary**



*"Distinctive Funeral  
Service"*



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Phone MAin 7745

## STREPTOMYCIN PRODUCTION

The War Department said recently that streptomycin, the new wonder sister drug to penicillin, was being used in thirty Army general hospitals over the country, but that it was so difficult to obtain that the total output of the four companies now making it has been only fourteen ounces a month.

Major General Norman T. Kirk, Surgeon General of the Army, said the Army was receiving many requests for the drug for use in treatment of urinary and other infections caused by gram-negative bacteria which do not respond to penicillin, but that these cannot be met since the Army neither controls the supply nor can get enough for its own needs in treatment of battle-wounded soldiers.

General Kirk said that the four companies, Merck, Upjohn, Abbott and Squibb were the principal manufacturers of the new product, but that other concerns were working at experimental production at pilot plants and that any civilian request for streptomycin naturally would go to these companies.

"The Army and Navy are purchasing only a part of available production," General Kirk said. "In August, twenty-eight ounces—or 800,000,000 units—were purchased. Joint Army-Navy expectations for September are 162 ounces, but it is anticipated that production will be not more than 70 ounces. It is hoped that Army-Navy procurement can be doubled in October— for military needs alone now are about 2,000 ounces a month."

A gram, or 1,000,000 units is the standard daily dose administered in three injections over a twenty-four hour period.

Production is limited severely because the drug is obtained from a natural fungus found in the soil and must be grown under carefully controlled laboratory conditions which cannot be hurried.

The phenomenal production of penicillin which brought it from a laboratory curiosity to a commonly-used drug and the price from astronomical figures to about

a dollar a dose was due in part to pressure of wartime needs, the General pointed out.

"But," he added, "with the war ended and priorities a thing of the past, streptomycin does not have these advantages, thus working to some extent to hamper production, although industry is doing what it can to supply the demand."

General Kirk explained that the Army's principal needs are for treatment of soldiers with severed spinal cords who develop urinary tract infections because of a loss of bladder function, and to some extent in treating some cases of meningitis and other infections which do not respond readily to penicillin therapy.

## COMMUNICABLE DISEASES

The following is a report on the number of contagious diseases in the City of Tacoma for the month of November, 1945:

Chickenpox .....	29
Diphtheria .....	1
German Measles .....	4
Gonorrhoea .....	48
Measles .....	173
Mumps .....	5
Poliomyelitis .....	4
Scarlet Fever .....	7
Spinal Meningitis .....	1
Syphilis .....	21
Tuberculosis .....	11
Whooping Cough .....	12

## Sugar

English home: Visitor asks for more sugar. The hostess: "Certainly, pass your cup please."

Irish home: Visitor asks for more sugar. The hostess: "Surely, There's the bowl. Help yourself."

Scotch home: Visitor asks for more sugar. The hostess: "Have ye stirrred yer tea?"

☆☆☆

"How old is that little flapper?"

"In her early nicoteens."

## Personals . . .

After an extensive tour of North Africa and Europe, Walter Cameron has finally been separated from the military service and is back on the job, which should ease the burden of Dr. Hillis and allow him to look forward to a long-needed rest. Walter has been in Boston the past month, taking a course in corneal transplanting, and we expect to see some of this work done here from now on.

☆ ☆ ☆

Homer Humiston, who has been sojourning on some of the beautiful islands of the Pacific (Ha! Ha!) for the past three years, has also been discharged from the Medical Corps. Homer has had a refresher urology course in Chicago and at the Mayo Clinic since his separation from the service and has moved in with Charley Engels to resume G. U. practice and Charley will now have a chance to retire from an active life that has lasted quite a spell. Charley is a little touchy about his birthday, but doctors are few and far between who can carry their years as happily.

☆ ☆ ☆

Jess Read, another African-European traveller for the past three or four years, has gone into practice at his former location in the Rust Building.

☆ ☆ ☆

Les Baskin, who was in the Aleutians for twenty months and later at various posts in California, is another of our boys doing business again at the old stand. "Peace!" says he. "No words for it!"

☆ ☆ ☆

We learn with regret that Cecil Hurst's pet ulcer couldn't take it in the Philippine campaign, what with too much work and what-have-you to eat. Cecil is now at Madigan for treatment and hopes Uncle Sam will turn him loose pretty soon. We hope so too.

Frank Maddison at last reports was still in Tokyo, which in former years may have been a pleasant place to spend the spring and summer months, but Frank is willing to trade all the advantages of being a tourist for the privilege of returning to his practice. We hope to see him back some time in the not too distant future.

☆ ☆ ☆

After three years in the navy, thirty-two months of which were in the Pacific area, W. H. Lewis has returned to his place on the staff at the Northern Pacific Hospital.

☆ ☆ ☆

These lads and the others who will be coming back merit the support and good wishes of the profession in making a fresh start where they left off three years ago.

☆ ☆ ☆

Joe Hansen has become proficient enough as an aviator so that he is now buying a plane.

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**The boy's are not.**



**The rooster got plenty of vitamin D.**

---

Fortunately, extreme cases of rickets such as the one above illustrated are comparatively rare nowadays, due to the widespread prophylactic use of vitamin D recommended by the medical profession.

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### Past Tense

"Good day sir, can you tell me where Mr. George Riley lives?"

"Faith and I can. If ye'll come with me to the top o' the hill here I'll show you."

(After a ten minute struggle up a muddy lane.) "There's the very house over the bog with the blue smoke in the trees. That's where George Riley lives, but he's dead."

Reporter (interviewing grandfather of a Hollywood star): "Does Bill ever come back to the old farm since he's such a big shot in the movies?"

Grandfather: "Every one of the five summers he's been away."

Reporter: "And did he bring his wife with him?"

Grandfather: "Every time; and they was five as purty girls as you ever laid eyes on!"



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## Personals . . .

Joe Kane is now taking a well-deserved rest. His address is 3118 South 140th Street, Seattle 88, Wash.

☆ ☆ ☆

Carroll Carlson has been lured to Beverly Hills where he plans to open his office in the near future. We can think of no equal location for his specialty.

☆ ☆ ☆

Albert Ehrlich expects to be out of the Army and away from Lincoln, Neb., by next month. He hopes by that time to find a place to house his wife, daughter and himself. Friends kindly keep his wants in mind.

☆ ☆ ☆

Ralph Neill, director of the Washington State Medical Bureau is one of eight members of the Prepayment Medical Advisory Committee meeting in Chicago, December 3 to 6. This committee is a division of the

Council on Medical Service and Public Relations of the A.M.A. and their task is to "bring some semblance of order out of the present prepayment medical care situation."

In contra distinction to our state of Washington, most State Medical Societies are assisting the Blue Cross Plan to secure legislative enabling acts giving them broad rights to sell combined hospital and medical insurance.

☆ ☆ ☆

Ross Wright is spending several days in Chicago becoming thoroughly posted on National Legislation affecting medical problems and programs.

☆ ☆ ☆

Scott Jones is back after five years in the Army, nearly two years of which were spent in Burma and China. Although he did little obstetrics over there, his being a Lt. Col. is enough to give any prospective mother abundant faith in his ability to deliver the goods.

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"The book that has uplifted me most?" said an eminent writer when queried by a friendly reporter. "I suppose that Webster's Dictionary contributed as much to my elevation as any. I used to sit on it regularly at meal times when I was a boy."—*Writer's Monthly*.

☆ ☆ ☆

Movie Actress: "I'll endorse your cigarettes for \$50,000."

Advertiser: "I'll see you inhale first."

☆ ☆ ☆

Father (facetiously): "Don't you think our son gets his intelligence from me?"

Mother (likewise): "He must. I've still got mine."

☆ ☆ ☆

Speaking of wheat crops in Kansas, a Kansas farmer remarked:

"I don't know just how many bushels we raised, but my men stacked all they could out-of-doors, and then stored the rest of the crop in the barn."

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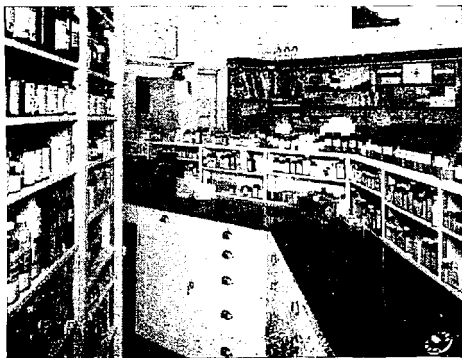
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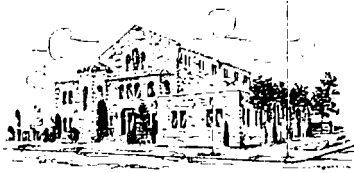
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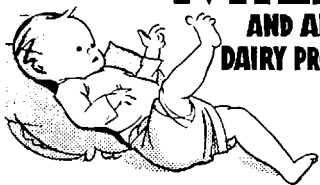
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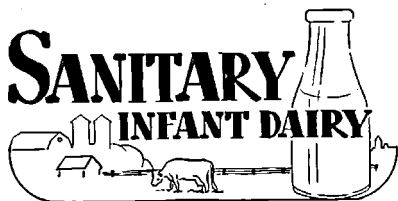


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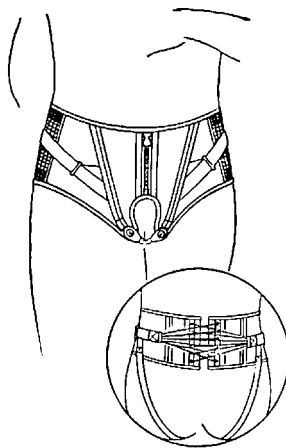
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Uncle Billie Hack says his new tonic is no good; all the directions it gives are for adults and Uncle Billie says he's never had 'em—*The Farm Journal*.

☆☆☆

"Some of the people who dine here," said the waiter sadly, "seem to think that spoons are a sort of medicine to be taken after meals."

☆☆☆

No wonder the coffee is like mud, it was ground yesterday.

☆☆☆

"All right back there?" called the conductor from the front of the car.

"Hold on!" came a feminine voice. "Wait till I get my clothes on."

Every passenger turned and craned his neck expectantly. A girl got on with a basket of laundry.

☆☆☆

He: May I have the last dance with you?  
She: You've had it!

### LICENSED GOLD-DIGGER

Miss Brown: "I suppose you were nervous when you first asked your husband for money."

Miss Bridey: "No, I was calm—and collected."

☆☆☆

The officer of the day stopped a mess orderly as he was carrying a soup kettle out of the kitchen.

"Here, you," he snapped, "give me a taste of that!"

Obediently he was handed a ladle, and he tasted it.

"Great Scott! Do you call that stuff soup?" he roared.

"No, sir," responded the orderly meekly, "that's dish water."

☆☆☆

"I wouldn't cry like that if I were you," said a lady to little Betty.

"Well," said Betty, between her sobs, "you can cry any way you like, but this is my way."

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