

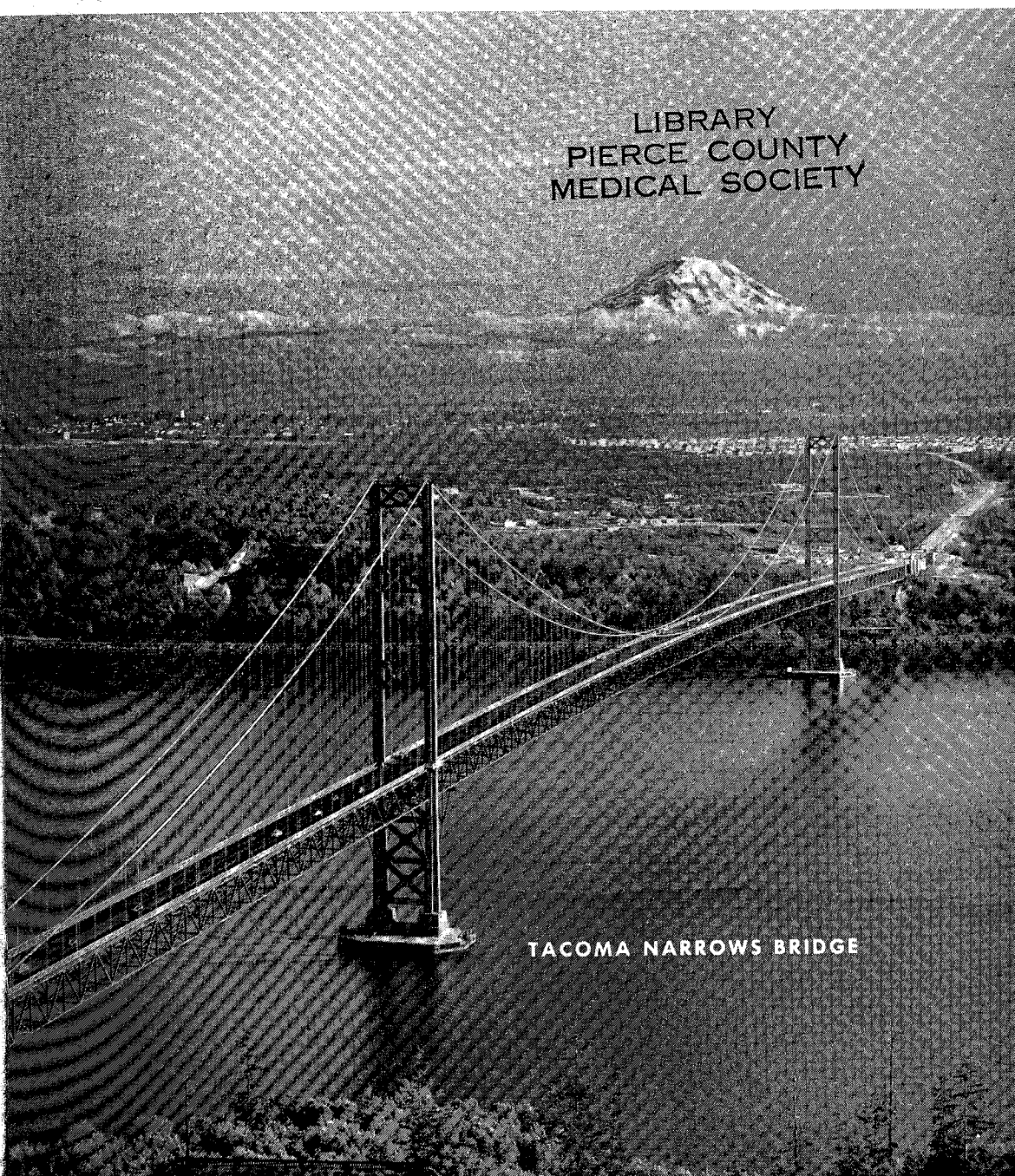
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 5

TACOMA, WASH.

JANUARY - 1953

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Program

Tuesday, January 13, 1953

8:15 p. m.

DR. WADE VOLWILER,

Assistant Professor, University of
 Washington School of Medicine

"Etiology and Treatment of
 Cirrhosis of the Liver"

NOTICE

Check back page of Bulletin for calendar
 of special meetings

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

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and

The Editors of the Bulletin

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INTERNSHIPS AND THE "MATCHING PLAN"

A good deal of fancy and myth has arisen about the so-called "matching plan" of intern selection, so it seems an appropriate time at which to discuss this general problem. Intern selection is difficult, both for the hospital and for the student. During the past few years, however, there have been so many more positions than applicants that the balance has been very definitely in favor of the student who is making up his mind just where to apply, and for what. In fact, the situation became so confused and mixed-up that two years ago it was decided to try to make some order out of the chaos. To this end, the following groups sponsored the "matching plan" which is the subject of the discussion today: American Hospital Association, American Protestant Hospital Association, Association of American Medical Colleges, Catholic Hospital Association, and the Council on Medical Education and Hospitals of the American Medical Association, with liaison members from the Air Force, Army, Navy, Public Health Service, and Veterans Administration. By means of an orderly plan, it was hoped that the student and the hospital would make more objective and considered choices, and that intern selection would not move (as it was seemingly threatening to do) from the middle of the fourth year into the third year of medical school, that the whole process would look a little less like an active slave market on the day of arrival of a fresh shipload of hopefuls.

The manner of operation of the "matching plan" is essentially quite simple. The medical student signs an agreement that he will send in his choices to a central office where they will be matched with the hospital choices from amongst those who have applied to each institution. The participating hospitals sign a similar agreement. Both student and hospital agree to abide by the decision as to his assignment. It is specifically stipulated that no "free-lance" bargaining will be carried on by students or hospitals until completion of the plan for that year. Furthermore, no agreements will be entered into by either party, and by the same token no commitment may be asked by either party, before the final matching.

After the agreements have been signed, the student may apply at any and as many participating hospitals as he wishes. He then sends a confidential listing of these hospitals in the order of his preference to the central office of the "matching plan" (The National Interassociation Committee on Internships). The hospitals indicate their preference of interns from among those who have sent in applications to their respective institutions. These student and hospital preferences are then matched on punch cards in accordance with a prearranged schedule: "The student is matched with the highest hospital on his list offering him an appointment, while the hospital is matched with the applicants it most prefers and which are available to it."

The plan was tried out in a pilot or trial run in 1950-51, and on paper it looked like a good system. Last year (1951-52) the plan was put into full

operation, and after a slow and wheezing start (occasioned mostly by some recalcitrant eastern students), a large proportion of both students and hospitals participated. 94% of the students were matched with either their first or second choice of hospital. In aggregate, 5564 internships were assigned, although 1068 hospitals offered 10,414 internships assigned were in non-teaching hospitals, and yet only 48% of the internship places offered in these institutions were filled.

This year (1952-53) indications are that more graduating medical students will seek the greater number of internships offered under the "matching plan" by hospitals approved for internship training by the Council on Medical Education and Hospitals of the AMA. It appears that about 6,000 students will have their choice of over 11,000 internships offered in more than 840 hospital units.

The success of such a venture depends on the absolute good faith of both parties, and so far that seems to have been obtained. In general, both hospitals and graduating physicians have been well pleased and satisfied with the "matching plan." Contrary to some expressed opinions, the plan does not regiment students or coerce them or assign them to internships which they do not wish. What it does do is to effectively permit both students and hospitals to express their considered choices, made quietly and without duress or stress, and then to mechanically effect assignment based on these considered and deliberate choices. It is a clearing house for professional personnel.

—King County Medical Society Bulletin.

The Best Laid Plans—

Antibiotic Side-effects: No Holes In Swiss Cheese

The makers of Swiss cheese, it is reported, are up in arms because antibiotics in milk make it difficult for them to produce the holes so essential to their product. The antibiotics are given to the cows to treat mastitis.

Luckily, relief is in sight, according to Michigan State College: Neomycin, a broad range antibiotic, is deadly against mastitis-causing bacteria, but does not stop the growth of other bacteria active in the manufacture of cheese.

THE SOCIALIST PSALM

The government is my shepherd, I need not work. It allows me to lie down on good jobs: it leadeth me beside still factories. It destroyeth my initiative: it leadeth me in the paths of the parasite for politics sake. Yea, tho I walk through the valley of laziness and deficit spending, I will fear no evil, for the government is with me: its doles and its vote getters, they comfort me. It prepareth an economic utopia for me by appropriating the earnings of my grandchildren. It fileth my head with bologna. My inefficiency runneth over. Surely, the government shall care for me all the days of my life, and I shall dwell in a fool's paradise forever.

OUR LABOR FORCE AND BRITAIN'S

Both the United States and Great Britain have approximately the same proportion of adults in the civilian labor force, with well over four fifths of the men and about one third of the women employed or seeking work. However, there are also noteworthy differences in the characteristics of the labor force in the two countries. For example, young people generally enter the labor market at a somewhat later age in the United States than in Britain, reflecting the longer period of schooling which the average youngster receives in our country.

At the working ages under 20 little more than two fifths of the American boys are in the labor force; in Britain the proportion is almost twice as high. In the next few years of life the difference is greatly reduced, and in the broad age range from 25 to 64 years, labor participation of men in Britain is only slightly higher than it is here. At ages 65 and over, however, the scales are tipped the other way, and almost 45 percent of the men in the United States are still in the labor force, compared with only 32 percent in Great Britain.

For females the picture is quite different. At the younger working ages the proportion of American girls in the labor force is little more than one third that for the British—an even wider disparity than for the males. However, beginning with ages 35-44 years the proportion of women in the labor market is consistently higher here than in Britain. This is a consequence of the relatively greater participation of our married women in the labor force.

Married women constitute about 55 percent of the female workers in the United States, as against 38 percent in Great Britain. Similarly, for the widowed and divorced the proportions are 16 percent and 8 percent, respectively. On the other hand, single women account for 29 percent of all females in the labor force in the United States compared with 54 percent in Britain.

The two countries differ also in the occupational distribution of their workers. For instance, agricultural pursuits account, relatively for almost twice as many men in our country as in Britain. Similarly, managers and proprietors are more important in our labor picture, as are the professionals. On the other hand, 60 percent of the British men, compared with 48 percent of the American men, are foremen, craftsmen, semi-skilled workers, or laborers.

These differences in occupational distribution in

the two countries should not obscure the broad areas of similarity. Among both American and British workingmen, craftsmen and semiskilled workers are numerically the dominant group during the greater part of working life. In both countries, clerks and salesmen rank second at ages 20-24 but decrease in relative importance until they are in fifth place at the old ages. On the other hand, manager and proprietors in the United States and Great Britain are the smallest occupational group at ages 20-24 but advance to second or third rank past age 35.

For the women as well, the occupation picture in the two countries has many points in common. In both, clerical and sales positions attract more women than any other calling up to middle life, after which service workers are the leading occupational group.

The foregoing comparison of occupational distribution suggests, in part, why we have a greater proportion of older workers in our labor force than Great Britain has. Working life is usually longer and generally tapers off gradually for those in agriculture and for professionals, managers, and proprietors—all of which groups are better represented in the total here than in Britain. An interesting sidelight on this point is that the self-employed, very many of whom are in the occupations just cited, constitute about one fifth of the labor force in our country, compared with less than 9 percent in Great Britain.

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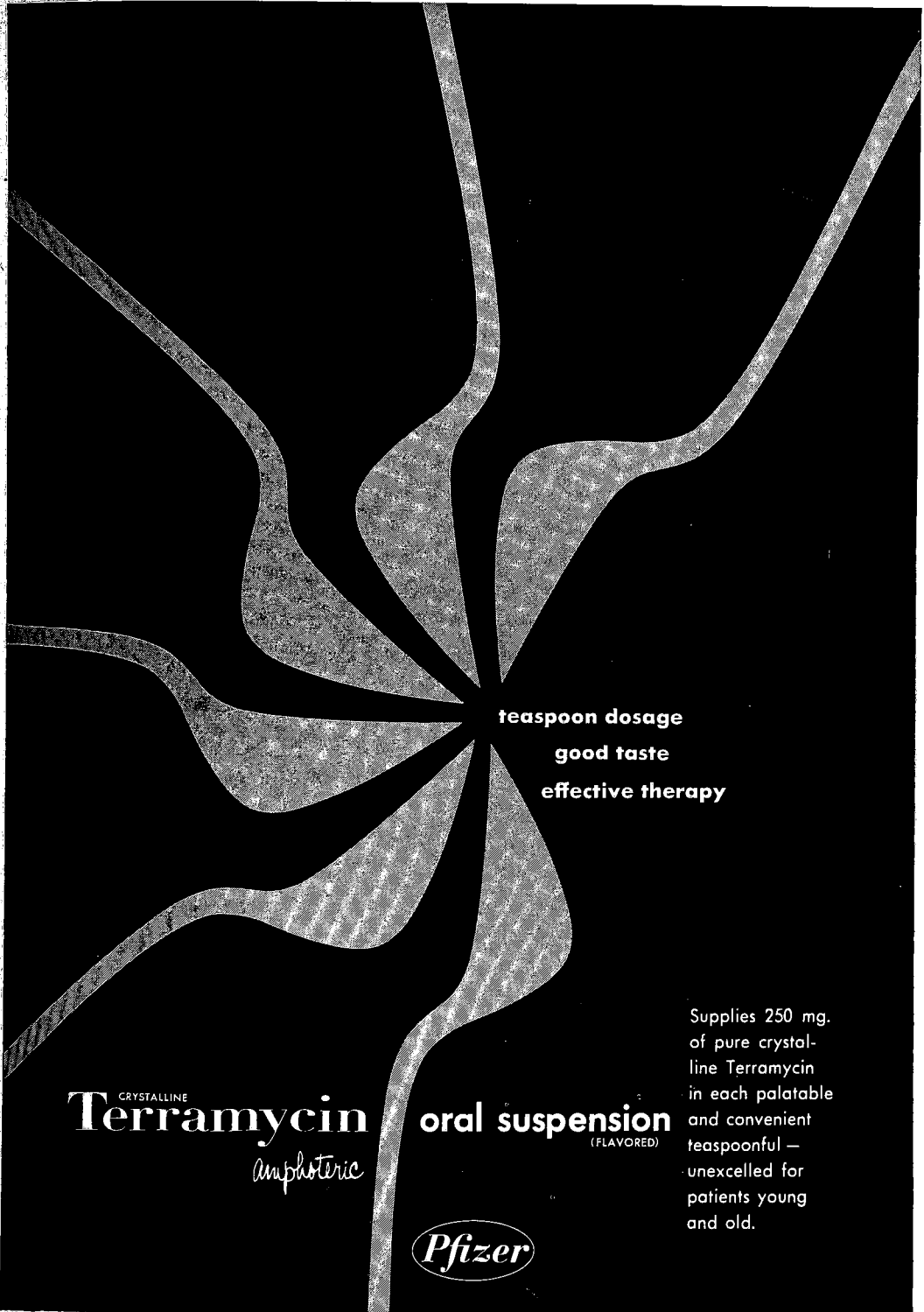
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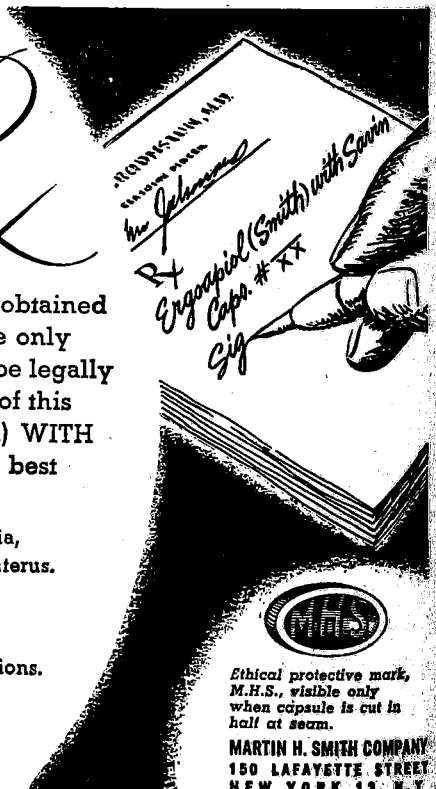
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WOMAN'S AUXILIARY

To The Pierce County Medical Society

"Flower Arrangements for January" will be the subject of a talk by our guest, Mrs. R. S. Harvey, when she speaks at our next meeting, Friday, January 9th. It will be a 12:30 luncheon at the home of Mrs. H. A. Anderson, 3114 North 33rd. Co-chairmen for the luncheon are Mrs. William Todd and Mrs. Frank Hennings; assistants will be Mesdames C. P. Larson, S. E. Light, Justin Schwind, Edwin Fairbourn, Somer Sleep, David Johnson, John Sheppard, R. W. Monoghan, George Moosey and John Robson.

Best news of the year is the report that our rummage sale netted \$672.00! No enough can be said of the terrific job done by Cecelia Ootkin, Dottie Read and Ruth Brooke who worked so hard to make it such a success. Special thanks to Dr. Goering for asking the doctors to cooperate, and to Drs. Arnold Herrmann, Bernard Ootkin, and Jess Read who hauled the rummage to sale headquarters for us. Prices were kept unusually low since it was Xmas time, and the customers were very appreciative. So we served two purposes: helping the needy and earning a marvelous sum of money to support our Student Nurse Recruitment Drive. We can't write finis to this story without thanking all the girls who worked so hard to make the sale a success. These were Mesdames Brooke, Parrott, Florence, Smeall, Griffin, Hosie, Teats, Lantiere, Hathaway, Schultz, E. Johnson, Sleep, Kunz, Bondo, Norton, Smith, Hauser, Kemp, J. Schwind, Evert, Jarvis, Kittridge, Duerfeldt, Kohler, Moosey, Pratt, Bader, Nace and Gibson.

* * *

Off to the land of eternal sun are Kay and Ross Wright, who left December 20th to spend Xmas in Palm Springs, New Year's in Phoenix and the following week fishing in Guaymas, Mexico.

* * *

The Haskel Maiers are also headed for Palm Springs, and the S. E. Lights have just returned from a trip to Chicago and Florida.

* * *

The Jack Demings are back in town and Jack expects to be out of the Navy very soon. After that he plans a six month's residency in gynecology at Wayne University in Detroit, and then back to Tacoma to practice again.

MRS. OVETA CULP HOBBY TAKES OVER AS FSA ADMINISTRATOR ON JANUARY 20

Mrs. Oveta Culp Hobby, co-publisher of the Houston (Tex.) Post and wartime director of the Women's Army Corps, becomes the fourth administrator of the Federal Security Agency since its formation in 1939 and the first woman to hold the post. She takes over from FSA Administrator Oscar

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R. Ewing on January 20. Thereafter she will sit regularly with the cabinet when it meets with President Eisenhower; Mr. Ewing attended cabinet meetings occasionally.

Mrs. Hobby holds a law degree and at one time was parliamentarian of the Texas legislature. She was made director of the WACs in 1942 and in 1945 received the Distinguished Service Medal for her service. Mrs. Hobby is a director of the Texas Medical Center, and a sponsor of the American Heart Association and American Nurses Association. She was national vice chairman of the American Cancer Society's 1949 campaign. Mrs. Hobby was on the advisory committee of Democrats for Eisenhower during the campaign.

PRICES OF PENICILLIN

The public, which last year spent an estimated \$300,000,000 on penicillin and streptomycin alone, stands to have its medicine bill reduced considerably in 1952. One out of three Americans received an injection of penicillin during 1951.

Striking improvements in production methods are chiefly responsible for the continuing downward trend of prices. Little more than ten years ago, penicillin cost about eighty times the price today. In addition, improved forms of the drug are ten times as potent and last six times as long as the old product.

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JANUARY CALL-UP LARGEST EVER UNDER DOCTOR DRAFT

Department of Defense has asked Selective Service to deliver 544 physicians, 383 dentists and 18 veterinarians for military service in January. This is biggest monthly order to date under Public Law 779. Quotas for November (341 physicians and 200 dentists) and December (460 and 204) probably will not be filled, but Pentagon nevertheless has to shoot for high figures in January because of mounting numbers of Reserve medical and dental officers scheduled for separation early in 1953 upon fulfillment of their service obligations. The token call for 18 veterinarians, all of whom are ticketed for Army duty, can be met easily out of the Priority I pool.

Selective Service headquarters says local draft boards will be directed not to call up any physicians in Priority III even if they can't make their quotas with I's and II's. There is no such stop on induction of dentists in Priority III save that none who are 36 or older may be called up, a policy that will be in force at least through end of this year. Statistical compilations continue to show ample numbers of special registrants, both physicians and dentists, who are available for military service and yet the bodies don't seem to be there when local boards attempt to fill their Washington commitments.

The armed forces, Congressmen's offices and Selective Service headquarters are receiving great volume of mail and telephone calls from registrants with special appeals. SS in particular implores these doctors to state their cases to their local boards and medical advisory groups instead of appealing to Washington, which can only relay this information to the only group with authority to defer, postpone or reclassify, namely, the registrant's own draft board.

Spirited discussion of Public Law 779 recently at a meeting in Colorado Springs of Association of American Medical Colleges and at Chicago conference November 8 under auspices of AMA's Council on National Emergency Medical Service failed to produce a unanimity of opinion on what to ask of Congress. In fact, AMA's Board of Trustees probably will receive a recommendation from forementioned Council to keep hands off—which is to say, to refrain from asking Congress to extend or amend the doctor-draft law. But the last word on determi-

nation of AMA's official position will be up to its House of Delegates when it meets in December. Department officials feel that if extension of 779 (due to expire June 30, 1953) is rejected in Denver, it will be next to impossible to get a continuing bill through Congress.

American Dental Association has signified willingness to go along with a new draft law, if evidence is clear that professional personnel requirements can not be filled through voluntary recruitment, and Department of Defense is certain to send a bill to Congress with or without approval by AMA. Lowering of age ceiling—at present it is 50—to 45 and possibly as low as 41 will be requested. Also, a clause giving previous-military-service credit for time spent in the uniform of a friendly nation. Too, there is a good chance that the new bill will elevate recognition of osteopathic physicians, conceivably resulting in commissioning of at least a token number in Medical Corps of the Armed Forces.

—Gerald Gross' "Washington Report"

FROM THE BULLETIN TWENTY YEARS AGO—

"Exploitation of the Medical Profession" Everywhere it is rampant—newspapers, magazines, billboards, radio. "Your doctor will tell you that . . ." "Medical science has found that . . ." "The greatest specialists in Timbuctoo say that . . ." And the rest of the story is, of course, "Use our pills or our vitamins three times a day; ask your doctor."

You are forced to compete with those who offer your patients free advice regarding medical treatment. You deliver Mrs. Blank's baby today, and tomorrow she will receive by mail samples of baby foods with complete directions how to use them. Indeed, some physician representing a commercial organization and knowing that the case is in your hands may address a personal letter to your patient offering his services free.

It has been said that ten more years of the present trend of interference in medical practice will do away with the need for private practice of infant feeding and other branches of medicine."

THE A.M.A. CONVENTION IN DENVER

The A.M.A. Board of Trustees voted a \$10,000 contribution to the Committee on Careers of Nursing, whose \$138,000 annual budget is contributed by the A.M.A., the American Hospital Association, the American Nurses Association, and the United Community Defense Service. . . . The Board also announced its third contribution of a half-million dollars to the American Medical Education Foundation, which was organized in 1950 to help raise funds within the profession for hardpressed medical schools. . . . The A.M.A. Council on National Emergency Medical Service recommended to the House that it withhold action on the Doctor Draft Law, which expires on July 1. More specific data and satisfactory answers to important questions are needed before action can be taken, and the House agreed.

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VETERANS ADMINISTRATION

American Lake, Washington

Four of a series of eight lectures in basic and clinical physiology, under the direction of Professor T. C. Ruch, of the University of Washington School of Medicine, were given in December, and will be continued in January of 1953.

* * *

Dr. Libby Blek has recently joined our Psychology Service, coming to us from the Mental Hygiene Clinic in Milwaukee, Wisconsin. Dr. John B. Marks, an intern psychologist, has been assigned to us for a period of six months, from the VA Regional Office, San Francisco. Trainees currently assigned to the Psychology Service from the University of Washington are as follows: C. James Klett, Willard A. Mainord, Florence R. Mainord and Sylvan B. Caditz. Dr. Gertrude Harrow is assigned to us one day weekly from the Mental Hygiene Clinic, Seattle.

* * *

The Occupational Therapy Department has received their first Occupational Therapy students for three months' psychiatric clinical training. They are Emily Egan from the University of Toronto and Audrey Dooley from the College of Puget Sound.

* * *

Dr. Charles E. Stafford has returned from attending a course in Internal Medicine given under the auspices of American College of Physicians, held by the University of California School of Medicine at the Franklin Hospital, San Francisco.

* * *

The spirit of Christmas was very much in evidence at the hospital this year. The various services did everything possible to bring a touch of home to the hospitalized veterans. Caroling groups from local community organizations toured the hospital wards. An important phase of the Holiday Season was the activity of many Ex-servicemen's organizations and their Auxiliaries, who sponsored a large percentage of the social functions. The gift program catered to the veteran's wish to both send and receive gifts. Earlier, each patient was allowed to shop, free of charge, at a gift shop set up and operated by a veteran's organization. These gifts were sent to his friends or relatives. Also, nearly all of the volunteer organizations serving the hospital were busy purchasing, wrapping and sending gifts to the hospital based upon the personal desires of each patient. The large Recreation Auditorium was festively decorated. Outside, a Manger Scene, the Shepherds watching their flocks, and the Three Wise men, all of life size, helped to paint the picture of Christmas at the hospital. These scenes were all made by patients as part of the Rehabilitation program. Christmas Day was filled with everything one could wish. After Church services in the morning, distribution of Christmas gifts was made, followed by a full course Christmas dinner, truly a banquet, with all the trimmings.

The best gift of all to the many hospitalized veterans, is the knowledge that the people of Tacoma and surrounding areas gave generously of their hearts and substance to aid in making this the finest Christmas possible for those who had to spend their time in the hospital.

* * *

The Children's Christmas party, given Monday evening, December 22nd, by the American Lake Employees Association, was well attended. The children were entertained by Santa Claus, cartoon movies, with plenty of candy and nuts. Refreshments were served to everyone attending.

PIERCE COUNTY

Christmas parties filled the social calendar of the Pierce County Hospital employees during the pre-Christmas season. One of the most enjoyable was given for the members of the laboratory staff at the attractive home of Mr. and Mrs. Blaine Johnson (Mabel Johnson) on December 18. A large Christmas tree held a gift for each member and also shower gifts of crystal for Miss Norma Johnson, who will become the bride of C. W. Kinsman, Jr., in February. A late buffet supper was served to the guests. Mrs. Johnson was assisted by her mother, Mrs. C. B. Connor.

* * *

All departments of the hospital participated in a large Christmas party on December 22 in the new dining room of the hospital. It was most attractive with beautiful Yule-tide decorations which Mrs. Williamson and her committee had arranged. Delicious refreshments were served by each department.

* * *

The Social Service Department of the Hospital held a Christmas dinner at The Top of the Ocean on December 19. A Smorgasboard was enjoyed. As a special feature the orchestra featured musical selections with titles containing the names of various members of the department.

* * *

The members of the Fourth Floor nursing staff were entertained at the home of Lucile Kirmsy. The beautiful home was most attractive for the occasion with festive decorations and a Christmas buffet supper was served. The Second floor with Mrs. Kratzer in charge, the Third floor, Mrs. Kohler, and the Fourth Floor and Surgery, Mrs. Jones, Mrs. Moffett and Mrs. Johnson, each had a hospital party for the nurses on the respective floors.

* * *

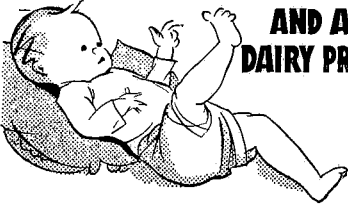
Gerrie Ackermann of the Laboratory staff left December 19 to spend the holidays with her sister and brother-in-law, Captain and Mrs. Donald Sanders, who live in Long Beach, California. Mrs. Sanders was formerly Lorraine Ackermann of the Pierce County Laboratory.

* * *

(Continued on Page 15)

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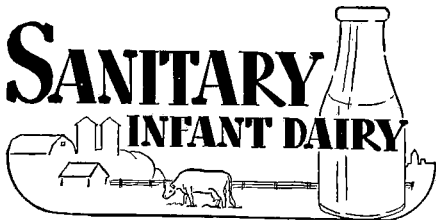


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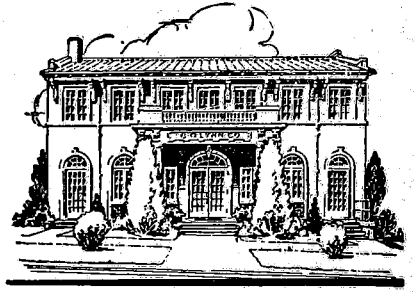


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(Continued from Page 13)

Mrs. C. J. Johnson, Surgery, left with her husband for Cold Springs, Wyoming. They were called there by the death of Mr. Johnson's grandmother.

* * *

Two new members have joined the Laboratory staff. They are Mr. Gary Traynor and Mrs. Kay Miller.

TACOMA GENERAL

The Medical Staff elected officers at the December meeting. For the year 1953 Dr. Don G. Willard will be President, Dr. Fred Schwind, Vice President, Dr. Albert Ehrlich, Secretary, and Drs. Charles Kemp and Louis Rosenblatt, Executive Committee.

* * *

Head Nurses who attended the University of Washington Head Nurses Institute in Seattle on December 4th and 5th are: Aline Hatton, Elaine Rea, Geraldine Sawyer, Ruth Barker, Dorothy Morous, Sara Copeland, Betty Hoffman, Lorene Thompson, and Martha Harbin.

* * *

Tacoma General Hospital extends congratulations to Dr. and Mrs. Warren Smith on the birth of a daughter, Marion, on December 19, and to Dr. and Mrs. Norman Magnussen on the birth of a daughter, Evelyn, on December 19 also.

* * *

The X-ray department is in the process of getting some new equipment. They will soon have a new portable X-ray machine and an angiogram.

* * *

On December 1, Miss Lillian Zielke joined the staff as secretary to the Director.

* * *

Anne Barlow and Shirley Peterson of the laboratory are enrolling at the University of Washington for the coming semester. Miss Barlow will complete work on her Master's degree, and Miss Peterson will work toward a Bachelor of Science degree.

* * *

An 1½ pound steelhead from the Cowlitz River is Dr. Frank Rigos' most recent triumph. Expert opinion here is that this makes him tops in his class.

* * *

Dr. Kyle Chapman, Resident Anesthesiologist, spent the Christmas holidays with his family in Chicago.

* * *

Miss Helen Mar Jewett, Principal of the School of Nursing, and Miss Helen Johansson, Nursing Arts Instructor, travelled to Michigan and North Dakota for "white Christmases."

* * *

Dr. Charles R. Vaught has been elected to Medical Staff membership.

* * *

Mrs. Dorothy MacIntyre, Obstetrical Supervisor for six years, has resigned to devote her time to her family.

* * *

A second class of student practical nurses from

Mt. Edgecumbe Medical Center, Mt. Edgecumbe, Alaska, will arrive on December 27 for 8 weeks' training in obstetrical nursing. Miss Margaret McDonald, Nursing Instructor of the Alaskan Native Service, is in charge of the program, which is proving most successful.

* * *

The X-ray department is fully staffed again with Bob Anderson back on the job completely recovered from his recent battle with infectious mononucleosis.

* * *

Recently installed at the chart desks is a system whereby all records are imprinted by an addressograph plate on which is all pertinent information concerning the patient. Tacoma General is one of the first hospitals to use this method, which markedly increases efficiency and job satisfaction. Twenty-one minutes of hand-writing per chart is eliminated, accuracy and uniformity are established.

* * *

The following books have been added to the Medical Staff Library during the year 1952: "Techniques and Procedures of Anesthesia," Adriani; "Surgical Forum," American College of Surgeons; "Pathology," Anderson; "Diseases of the Nervous System," Brain; "Clinical Pediatric Urology," Campbell; "Abdominal Surgery of Infancy and Childhood," Ladd-Gross; "A Textbook of Clinical Pathology," Miller; "Modern Clinical Psychiatry," Noyes; "Doctor and Patient and the Law," Regan; "The Practice of Urology," Rolnick; "Psychosomatic Medicine," Weiss-English.

* * *

The end of the year 1952 marked the end of 12 years of service for Walter Heath as Director of Tacoma General Hospital. These have been years of continuous progress for the hospital. In addition to expanding and improving the facilities of his own institution, Mr. Heath has given himself generously to the service of all hospitals. He has served as president of the Washington State Hospital Association and as president of the Association of Western Hospitals; as a member of the Board of Blue Cross, chairman of the Washington State Nurse Planning Council, chairman of the Governor's Council for the Aging Population, as well as in numerous other official and advisory capacities.

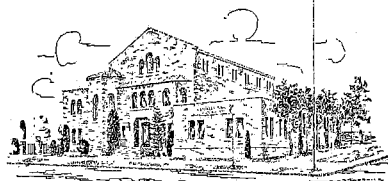
From his duties here Mr. Heath will go to a new but related field of activity in the Shipman Surgical Company of which he is president. Tacoma General employees bade him goodbye with regret but with all good wishes for future happiness. At the Christmas tea they presented him with a gift and a leather bound booklet, which contained the signatures of the entire staff as well as an expression of appreciation. To Mr. Dobyns, Mr. Heath's successor, the staff extends every good wish with the conviction that the progress of the hospital will continue uninterrupted.

* * *

Dr. and Mrs. John Bonica have returned from an eventful trip to the East Coast. Dr. Bonica conducted two courses in anesthesiology at the annual

(Continued on Page 17)

Modern and Moderate . . .



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(Continued from Page 15)

meeting of the American Society of Anesthesiologists. In Connecticut he addressed the local societies of anesthesiologists in both Hartford and New Haven. He participated in a symposium on "Pain" at Massachusetts General Hospital. High spot in New York was a social one, when they were present at the opening performance of the Metropolitan Opera. On the return trip they were marooned in a small town in Kansas because of a snow storm.

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of November 21, 1952, to December 20, 1952, inclusive:

Brucellosis	1
Chickenpox	53
Gonorrhea	16
Measles	14
Mumps	90
Pneumonia	3
Poliomyelitis	4
Scabies	1
Scarlet Fever	12
Septic Sore Throat	1
Syphilis	5
Tuberculosis	18
Whooping Cough	1

AN EMERGENCY

A doctor in London who kept his name secret, described in the medical magazine "Lancet" how to perform a certain emergency operation:

"The operator should lie in the Trendelenburg position. An E.N.T. surgeon's headlamp is an advantage. The blade of a kitchen knife is most generally suitable. This is maneuvered after the fashion of a leucotomy knife. The impulse to reach for a lithotrite or eraniolast must be sternly resisted. A small magnet can be safely used to remove small, ferruginous bodies which so often precipitate an acute retention."

The operation: "Sneaking coins out of the kids' piggy bank."

—From Bulletin of Passaic County Medical Society.

Commentary

I have three personal ideals.

One, to do the day's work well and not to bother about tomorrow.

The second ideal has been to act the Golden Rule, as far as in me lay, toward my professional brethren and toward the patients committed to my care.

And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride, and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.

—Life of Sir William Osler
(Farewell Dinner, May 2, 1905)

HEADQUARTERS SIXTH ARMY

Presidio of San Francisco, California

MEDICAL SECTION

24 November 1952

Don G. Willard, M.D.
740 St. Helens Avenue
Tacoma 2, Washington
Dear Dr. Willard:

The expansion of the Armed Forces has resulted in an increase in the utilization of civilian medical agencies by military personnel. I am gratified with the cooperation received when such medical treatment facilities are called upon to provide timely medical care for soldiers in areas where federal medical facilities are not available.

In some instances, however, minor difficulties and problems have developed. In order to establish complete harmony between civilian and military authorities regarding policies and criteria to be followed in hospitalization or treatment of military personnel in civilian medical facilities, it would be appreciated if the attached information could be disseminated in your area. Perhaps you will elect to include it in your next publication or present it at your next meeting. If further details are desired, they will be furnished upon request.

Sincerely yours,

1 Incl R. E. HEWITT
Info — Civ Med Care Colonel, Medical Corps
for Army Pers Surgeon

* * *

Civilian Medical Care for Army Personnel

One of the most important and necessary services furnished the American soldier is adequate and timely medical care and treatment, including hospitalization. This service is provided for Army personnel in the United States generally by the various medical treatment facilities established at Army installations throughout the country. There are many locations, however, where Army or other federal medical activities are not available. In cases of this nature the military depend solely on civilian physicians, clinics, and hospitals. With the expansion of the Army and the development of Army personnel in practically all points in the United States, either on duty, travel, or leave status, the continued cooperation of civilian physicians and agencies is of utmost importance in providing adequate medical service to the U. S. soldier in time of need. This is particularly indicated in the Sixth Army Area, which includes the vast area of eight Western states.

Certain criteria and procedures have been established in connection with furnishing medical service to Army personnel by civilians. These criteria define the conditions under which individuals of the Army may be authorized civilian medical care at government expense. These procedures include methods to obtain payment for treatment and hospitalization of Army personnel by civilian medical agencies.

Civilian medical care, other than elective, at the expense of the Army is authorized for Army person-

(Continued on Page 19)

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(Continued from Page 17)

nel on active duty when these personnel are on a duty status or when they are absent from their place of duty if they are on authorized leave or authorized informal leave (pass) status. Applicants for enlistment in the Army also are authorized necessary civilian medical care at the expense of Army funds while they are being processed for enlistment or induction into the Army. Payment for medical expenses incurred by Army personnel who are absent without leave is not authorized. Such obligations are the responsibility of the individual concerned.

Normally, civilian medical care for Army personnel is authorized when there are no other federal medical treatment facilities available. First aid or emergency treatment is authorized at any time, notwithstanding the proximity of Army or federal medical treatment facilities. Surgical operations should not be performed without prior approval of military authorities unless indicated as an emergency procedure.

Medical care for dependents of military personnel from civilian sources at Army expense is not authorized. Such obligations are the responsibility of the dependents concerned or their sponsors.

Normally, local commanders will furnish the civilian medical agencies with prior written authority for ordinary medical care to Army personnel under his jurisdiction. In such cases prior arrangements with the civilian medical agency will be made by the individual or by a proper military authority. Difficulties arising from civilian medical attendance usually originate with the emergency case. If the civilian medical agency is presented with an Army emergency case, it is of the utmost importance that the nearest military command be immediately notified giving the individual's name, organization, nature of illness or injury, and statement of the practicability of transporting the patient to an Army hospital. The civilian agency or physician then will be advised without delay as to procedures to be followed. If such information is not satisfactory, the civilian agency may contact the Commanding General, Sixth Army, Attention: Surgeon.

Bills for authorized medical care and treatment of Army personnel should be submitted to the Commanding Officer of the organization to which the patient belongs or to the military authority who provided authorization for the medical service. If the location of these individuals is not readily known, or if such military commanders authorizing treatment have moved to another station, or if any other difficulties are encountered concerning payment, the invoice should be sent to the Commanding General, Sixth Army. The bill should show the full name, rank, and service number of the patient, place, and inclusive dates of treatment, diagnosis, and charges, all itemized separately. The duty status of the patient at the time of illness or injury also should be shown, such as duty, leave, or pass. Payment will be expedited if the following certificate is typed on the bill and signed:

I certify that the above charges are correct and just; that payment therefor has not been received;

that the services were necessary in the care and treatment of the person named above; that the services were rendered as stated; and that the charges do not exceed those customarily charged in this vicinity.

(Signature of Payee)

(Title or Capacity)

LETTERS TO THE EDITOR

(The following letter was received by Dr. T. B. Murphy; it was sent by Dr. Joseph Kane who was one of the honored guests at the dinner given by the Society on December 1st.)

Dear Tom:

Today I received a handsome leather billfold with my name and the Medical Society's seal stamped on it in gold. It is a distinguished looking and high class bit of personal equipment and I shall always feel pride in pulling it out before rich or poor even if there is nothing in it.

The party at the Club was so nice and friendly and the dinner itself was excellent.

It was one of the most enjoyable evenings I have had in many years and I know the Old Boys felt deeply and will long remember the generous and wholehearted kindness so freely shown by all of you.

Thank you, Tom, for this fine gift and remembrance of a very enjoyable evening.

Your old friend
Joe.

SOCIALIZED MEDICINE VIA ILO

A joint resolution, co-sponsored by 59 Senators and referred to as the Bricker Resolution, was introduced in the last session, providing for a constitutional amendment that would prohibit U. S. participation in any international agreement affecting the rights of American citizens or superseding the U. S. Constitution. Immediate target is the *International Labor Organization* which has proposed setting up minimum standards of social security, including national health insurance, through the avenue of a convention, which has the same force as a treaty. In other words, the affirmative vote of two-thirds of members of the Senate present would make it the law of the land. The AMA at its December Clinical Session in Denver reaffirmed support of the joint resolution. It is expected that the Senate will act on this matter in the new Congress.

He was an American. She was French. He was in New York to buy furniture for his southern store. He met her in the elevator. She looked good to him. He looked good to her. He took out a pad and pencil and drew a picture of an automobile with a question mark after it. She nodded yes. They went for a ride in the park. He drew a picture of a restaurant. She nodded yes. They ate. He drew a picture of some dancers. Again she nodded yes. They danced. Then she asked for a pencil and pad. He gave them to her. She drew a picture of a four-poster bed. Now, what he is trying to figure out is how she knew he was in the furniture business.

rapid response

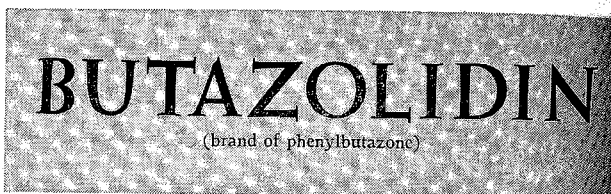
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1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarick, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. 149:729 (June 21) 1952.

3. Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey 49:306, 1952.



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REPORT OF A CASE and Review of the Literature

Every now and then, partly as a result of interest and partly through a sense of guilt, we make a valiant stab at keeping up with the medical literature. Believe us, it isn't easy.

We were heartened, to read in one of our journals a series of brief editorials regarding the art of medical writing. They were excellent editorials. In essence, they advised the would-be author to be clear, concise, state his points in simple conversational English and then to stop. Further, they noted that a paper should add to the sum of medical knowledge rather than simply to the author's ego.

For a moment, we thought that the tide had turned and that said journal had revolutionized the industry. For only a moment, though. Unfortunately, the editorials were followed by one of the longest, dreariest, most confused articles it has ever been our unhappy lot to try to fathom. For twenty odd pages we struggled in a vain attempt to see what it was all about. Through fifty-six references we plodded just to find whether it was really worth the effort. It wasn't. Even the summary and conclusions confused us.

Being of a fairly simple turn of mind, we consider ourselves as a sort of baseline. Explain it to us and nobody will have much trouble understanding it. Please us and you're in solid with the common people. Therefore, we take off on an essay critical of the medical literature, directed constructively in case you have an embryo paper you plan to submit for publication.

In the first place, there are very few valid reasons for writing a paper. Primary, of course, is that of publishing some bit of pertinent information which has escaped the notice of everybody else since time began. This seems unlikely, but it may occur, as witness insulin, penicillin and liver extract. These things are reportable.

Or perhaps you have had a series of cases or a piece of research wherein your findings either agree with or disagree with someone else's findings. You may be inclined, justifiably, to publish yours and note your agreement or the lack thereof. You are entitled to do this—once, or even twice. But publishing the same paper over and over again in different journals with only minor changes in punctuation and grammar just isn't cricket—it's advertising.

Suppose you have a series of cases of sufficient merit to report. You make note of the cases, establish the diagnosis, discuss the treatment and note your conclusions. You may mention that you disagree with Jones of San Francisco, or agree with Smith of Los Angeles. But don't overdo it. If we read your article at all it will be because we want to find out what you, personally, think about it. If we want to know what Jones and Smith think, we, too, can read their articles and get our information straight from the horse's mouth. If you have written a paper we expect you to have read the literature to develop your background prior to composition. Otherwise, you shouldn't be writ-

ing at all. And while we expect you to read the pertinent literature, we don't expect you to recite it.

Strict adherence to these points make for less confusion and shorter bibliographies. Many of our periodicals publish a timely review of various medical subjects written by someone with the background to weigh the various aspects of the problem being considered. When everybody reviews everything, it is too much.

Let's assume you have some information to report which adds to the general welfare and not solely to your small pile of reprints. When you get around to writing it, write as though you were talking to us. Make it simple and make it short. Remember that anyone can talk for an hour; it takes a good man to cut it down to fifteen minutes.

Your own words stamp the article as yours, so give it your own individual character. Too many papers sound canned. Like army chow, there is a dreary sameness in the end product regardless of the ingredients that go into the production.

We speak a modification of the English language. Not as well as they, perhaps, not as picturesquely, maybe, but we can keep trying. We rarely read an American author who has the easy command of the language that seems so natural to our British cousins. That may come from our uncommon fascination with charts and graphs and statistics over which it is hard to be dramatic.

We went through a phase in our formative years when it was fashionable to preface every statement with "As a matter of fact."

"Is John in?" we might be asked.

"As a matter of fact, he isn't," we would reply, basking in the rosy glow of our superior culture.

We consider that all those who use i.e., e.g., viz, ibid, *pari passu*, *post hoc ergo propter hoc* and namely, have had their development arrested at about that same level. Avoid them, please, and tell it to us as though we were having lunch together.

Good papers, it is said, are not written. They are rewritten. And the very best papers, after rewriting, are filed away to incubate for a while lest the enthusiastic author look around after a few months to find someone more cautious neatly sawing off the limb behind him. Time heals most wounds, including some of those caused by the author who is hot to go. But it is much better to let the idea gel for awhile than to touch off an epidemic of therapeutic mayhem.

These few points come to mind without even trying to study the matter very thoroughly. Should we note a sudden decrease in the volume and an increase in the interest in the medical literature, we will know that it is a result of our suggestions to write only when you have something of value to report, to make it brief, to make it interesting, to age it for awhile, and most of all, to make it yours.

Post hoc ergo propter hoc? Well, natch!

—The Editor, King County
Medical Society Bulletin.

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STATISTICS ON MEDICAL STUDENTS

1. Premedical students filed an average of 3.36 applications for admission to medical schools in the U. S. for the class entering 1952-53 academic session.
2. A total of 7745 students were admitted to the first year medical classes in the U. S. for the 1952-53 session.
3. One out of every 2.16 applicants obtained admission to a U. S. medical school in the 1952-53 academic session.
4. The proportion of male admissions to applicants for admission to the 1952-53 session was 1:2.15.
5. The proportion of women admitted to applicants for admission to the 1952-53 session was 1:2.30.
6. For the State of Washington one out of every 2.19 male applicants and one out of every 3.0 women applicants to a medical school in the U. S. (includes all approved schools) was accepted to the first year class 1952-53. The overall average of admissions to applicants for the State of Washington was 1:2.2.

—School of Medicine,
University of Washington
Faculty Bulletin.

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Thomas A. Smeall, M.D.
Medical Direction

Charles Griffith
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A MESSAGE FROM MOSCOW

(From a dispatch sent 100 years ago by America's envoy in Moscow to Daniel Webster, then Secretary of State.)

"This is a hard climate and an American finds many things to try his patience. . . . One of the most disagreeable features that he has to encounter is the secrecy with which everything is done. He can rarely obtain accurate information, until the events have transpired, and . . . his own movements are closely observed by eyes he never sees. The Russian mind seems naturally distrustful and this is especially so with the government officials.

"During the last year it has been evident that the policy of Russia toward foreigners was becoming more and more stringent—This arises mainly from political considerations and a fear of foreign influence upon the popular mind. . . . I had a good deal, during last winter, to try my patience, for the government possesses in an exquisite degree the art of worrying a foreign representative without giving him even the consolation of an insult. . . .

"A strange superstition prevails among the Russians that they are destined to conquer the world. . . . To a feeling of this sort has been attributed that remarkable patience and endurance which distinguish the Russian soldier in the midst of the greatest privation."

Improving on the Dictionary

- Committee—A group that keeps minutes but wastes hours.
- Firmness—An admirable quality in ourselves that's regarded as pure stubbornness in other people.
- Hobby—Something you go goofy over to keep from going nuts over things in general.
- Infant Prodigy—Small child with highly imaginative parents.
- In-law—The one law you can't flout.
- Joint Account—A bank account in which a husband deposits money and his wife draws it out.
- Monologue—Conversation between husband and wife.
- Parents—The hardships of a minor's life.
- Philosophy—The system of being unhappy intelligently.
- Advice—What a man gives when he gets too old to set a bad example.
- Average Girl—One who thinks she is "above the average."
- Gentleman—One who steps on his cigarette butt so it won't burn the carpet.
- Intuition—Suspicion in skirts.
- Neatness—the one good thing about being bald.
- Secret—Something that is hushed about hither and yon.
- Old Timer—One who remembers when a bureau was furniture.
- Philosopher—A person who always knows what to do until it happens to him.
- Parking Lot—A place where you leave your car to have dents made in the fenders.
- Principles—Often prejudices, white-washed and surmounted by a neon halo.
- Night Club—An ashtray with music.

A MAN'S WORLD?

If a man does not marry, he's a bachelor—glamorous world. If a woman does not marry, she's an old maid. When it is his night out, he is "out with the boys" but if it is her night out it is a "hen party." What he hears at the office is "news" but what she hears at the party is "gossip." If he runs the family, he is the "head of the house." If she runs it, she "wears the pants in that family." If he is over solicitous of her, he is a "devoted husband," but vice versa he is "ben pecked." If he keeps his eye on her at a party he is an "attentive husband." If she sticks close to him, she is a "possessive wife." In middle age he is "in the prime of his life," but at this age she is "no spring chicken." If he is an easy spender he "does not deny his family anything" but if she doesn't count the pennies she's "extravagant" or a "poor manager." Gray hair gives him a "distinguished look" but if she has it, she is an "old hag."

—St. Louis County Medical Bulletin.

A PERFECT DAY

Grandmother, on a winter's day, milked the cows and fed them hay, slopped the hogs, saddled the mule, and got the children off to school; did a washing, mopped the floors, washed the windows, and did some chores; cooked a dish of home-dried fruit, pressed her husband's Sunday suit, swept the parlor, made the bed, baked a dozen loaves of bread, split some firewood and lugged in enough to fill the kitchen bin; cleaned the lamps and put in oil, stewed some apples she thought would spoil; churned the butter, baked a cake, then exclaimed, "For heaven's sake, the calves have got out of the pen"—and went out and chased them in again; gathered the eggs and locked the stable, back to the house and set the table, cooked a supper that was delicious, and afterward washed up all the dishes; fed the cat and sprinkled the clothes, mended a basketful of hose; then opened the organ and began to play, "When you come to the end of a perfect day."

—Cappers.

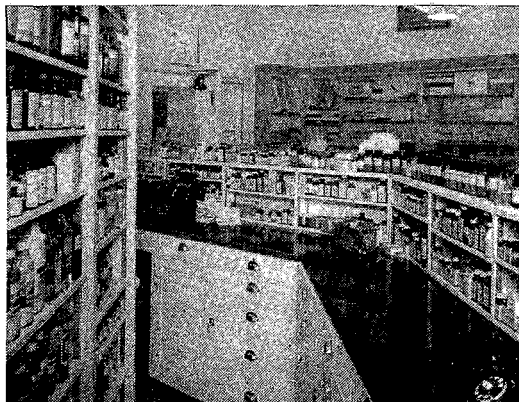
A Down-To-Earth Definition of Bureaucracy

This anecdote in a recent sermon by the Rev. Kenneth W. Sollitt, pastor of the First Baptist Church, Mendota, Ill., caught our eye:

"I was once in a small hotel in Vermont when one of the guests, a foreigner unfamiliar with American ways, brought the proprietress of the inn a beautiful bouquet. The proprietress was delighted beyond words—until she discovered that her gallant guest had picked the flowers in her garden back of the inn.

"Whenever government hands you a bouquet, you can be perfectly sure it was picked out of your garden. But we go right on accepting bouquets in the vain hope that some day we will get flowers that somebody else planted and brought to bloom."

And that is a precise definition of bureaucracy as we see it today.



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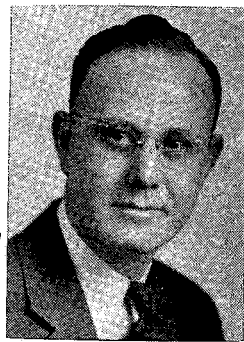
Lakewood Center - Tacoma, Wash. - Phones Lakewood 2191-2192



J. ARTHUR THOMPSON



WILLIAM VAN WELL



RAY CHAMBLIN

Under the leadership of these men the "Everything in one place" idea has been gaining wider and wider acceptance. Mountain View Memorial Park is the only institution offering all burial facilities under one management—mortuary, cemetery, chapel, crematory and outdoor columbarium. The Mortuary, while being a part of the park, will conduct services **at any church** and make **burial in any cemetery selected.**

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Health Commission Testimony Totals 7400 Pages from Nearly 500 Witnesses

Since its first meeting in January, the President's Commission on the Health Needs of the Nation has held more than 34 days of panel discussions and formal hearings, including four regional meetings. The Commission has heard nearly 500 persons testify on the nation's health needs with the official record of these meetings running to 7400 pages. The Commission has until December to make its report to the President.

On October 7, 8 and 9, the Commission will hold open hearings on the question of *financing medical care*. Exponents of all health insurance proposals will be invited to testify, including groups and individuals who have been urging adoption of the Truman-Ewing plan for national compulsory health insurance. Walter Reuther, UAW-CIO president and chairman of the Commission's panel on financing of medical care, will preside over the sessions.

One Sunday morning the hotel desk clerk answered the phone and the party on the other end of the line said, "What time does the cocktail room open?"

The clerk answered, "Tomorrow at noon."

About an hour later the same person was on

the phone. "What's a time s'cocktail room open?"

"I told you an hour ago that it would open on Monday at noon." Two hours later the phone rang again. "Whuza time cocktails open, huh?"

The clerk, now somewhat irritated, answered, "I told you that it opened at noon on Monday, and may I suggest that you take your patronage elsewhere? We don't allow drunks in the cocktail bar." "Oh", said the voice, "I don't want to get in—I just want to get out."

Karen Rynning

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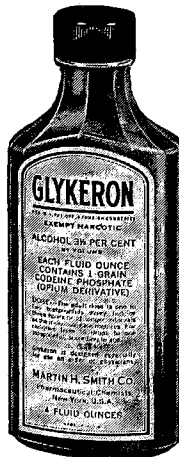
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FEDERAL AID TO MEDICAL EDUCATION

A bill for federal aid to medical education was rejected by the Senate in the last Congress and sent back to committee. Similar legislation was never voted out by the House Interstate and Foreign Commerce Committee. Several medical school authorities have testified at past hearings that large sums of money are needed to finance the cost of medical education if the schools are to maintain high standards and increase enrollment. The AMA contends that *only if private and state support fails* should schools look to the federal government for aid. Further, the Association believes federal assistance, if necessary, should be in the form of one-time construction grants for building and facilities, similar to the Hill-Burton hospital program. Bills on this subject will certainly be introduced again.

As the after-dinner speaker sat down to his meal, he coughed. His upper plate fell to the floor and broke.

The guest at his side realized the man's plight, dug into his pocket and came up with a set. The speaker-to-be tried them. They were too big. The man supplied another set. They were too small. The third set was a perfect fit.

The speaker got along perfectly with the borrowed teeth, and returned them with thanks.

"By the way," he inquired, are you a dentist?"

The helpful guest shook his head. "No I'm an undertaker."

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DANGER SPOTS IN AND ABOUT THE HOME

Accidents in and about the home account for about 28,000 deaths a year in the United States. This is nearly one third of the fatalities sustained in accidents of all types and almost twice the toll exacted by occupational mishaps. Both sexes and all age groups contribute to this heavy loss of life. Although measurable progress has been made in reducing the death rate from home accidents, they still rank among the leading causes of death.

Fatal mishaps occur in every part of the house and in the outdoor area around it. The bedroom and the stairs accounted for nearly one half of all the fatal injuries sustained in the home last year. The relative importance of these two areas, however, varied with the sex of the victims. Among men, stairs and steps were first, with more than one quarter of all the fatalities, while the bedroom ranked second. Among women the order was reversed.

For each sex, fully one half of the fatal injuries in the bedroom resulted from conflagrations or burns by other means. Actually, from the details available, it appears that little more than one third of these conflagrations had their origin in the bedroom; many spread from the kitchen or living room. The absorption of poisonous gas is another leading cause of accidental death in the bedroom. Here again, in only about one half of the cases did the lethal gas originate in the bedroom; in nearly as many cases the source was the kitchen.

Not a few of these bedroom fatalities resulted from careless smoking of cigarettes or pipes in bed. At least 12 men and 10 women were burned to death because of this foolhardy practice. In addition, three people—a man and two women—were asphyxiated by smouldering mattresses accidentally ignited by cigarettes. Some of the careless smokers who lost their lives were bedridden or paralyzed.

Fatal falls also contributed materially to the toll of accidental injury in the bedroom. Such injuries were about evenly divided into falls on the same level and those from one level to another. The first

group included slipping on wet floor, tripping on nightgown, colliding with chair, and faintness. In the second group, falling out of a window was an important item among males, while falls out of bed were most frequently mentioned among females. Accidental poisoning by solids or liquids and injury by firearms also figured in the total for the bedroom.

The stairs and steps, as already noted, all too often are the site of accidents. Hallway stairs account for the largest number of such fatalities, particularly among women. Among males, falls on cellar or outside steps added considerably to the total.

The kitchen accounted for about one seventh of all home accident fatalities among women but for less than one twentieth among the men. It is not surprising that women suffered more burns in the kitchen than in any other part of the house, inasmuch as the housewife spends many hours there over boiling pots and kettles, cares for the stove, and does the laundry. Similarly, among women fatal falls in the kitchen are also relatively frequent. Poisonous gas is another important kitchen hazard for both sexes.

The outdoors around the home accounted for almost one fifth of all fatal home accidents among men. Mishaps in the yard, the garage, and on the roof of the house, took the majority of these lives, reflecting the hazards of doing the chores as well as the appreciable time that men spend in these places.

The much maligned bathroom was a relatively unimportant factor in home accidents, about one percent of men and five percent of women losing their lives there. Falls and drowning accounted for most of the fatalities sustained in the bathroom.

DOCTOR-DRAFT LAW EXTENSION

As a short-range problem at least, the doctor-draft law probably will present the medical profession with an acute legislative issue this year. Last Congress, a few details were straightened out: the law was extended one year, to next July 1; the \$10 per month special pay was continued, and length of service was extended to 24 months. Now the question is *should the law be extended again?* If so, what changes should be made? Also, are military doctors spending too much of their time on military dependents and civilians who might obtain medical care privately? The military planners maintain they need a doctor-draft law or similar compulsory machinery to meet requirements. AMA representatives are meeting with military officers and attempting to get the answers to some of these questions. Until more information is furnished by Defense Department, AMA's official position neither supports nor opposes extension of the law. This is another subject that you will hear much about between now and next July 1, when the present doctor-draft law is scheduled to expire.

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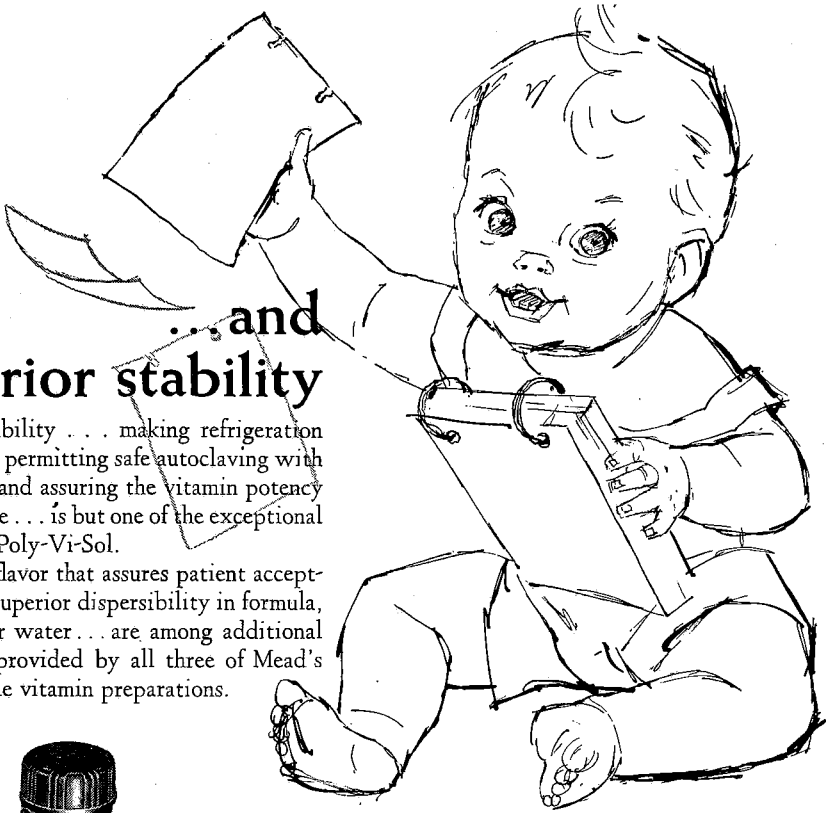


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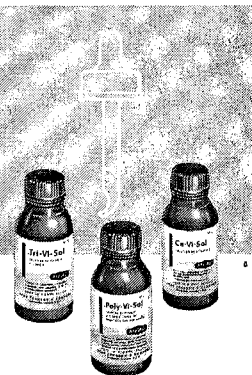


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MONTHLY MEETINGS

STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

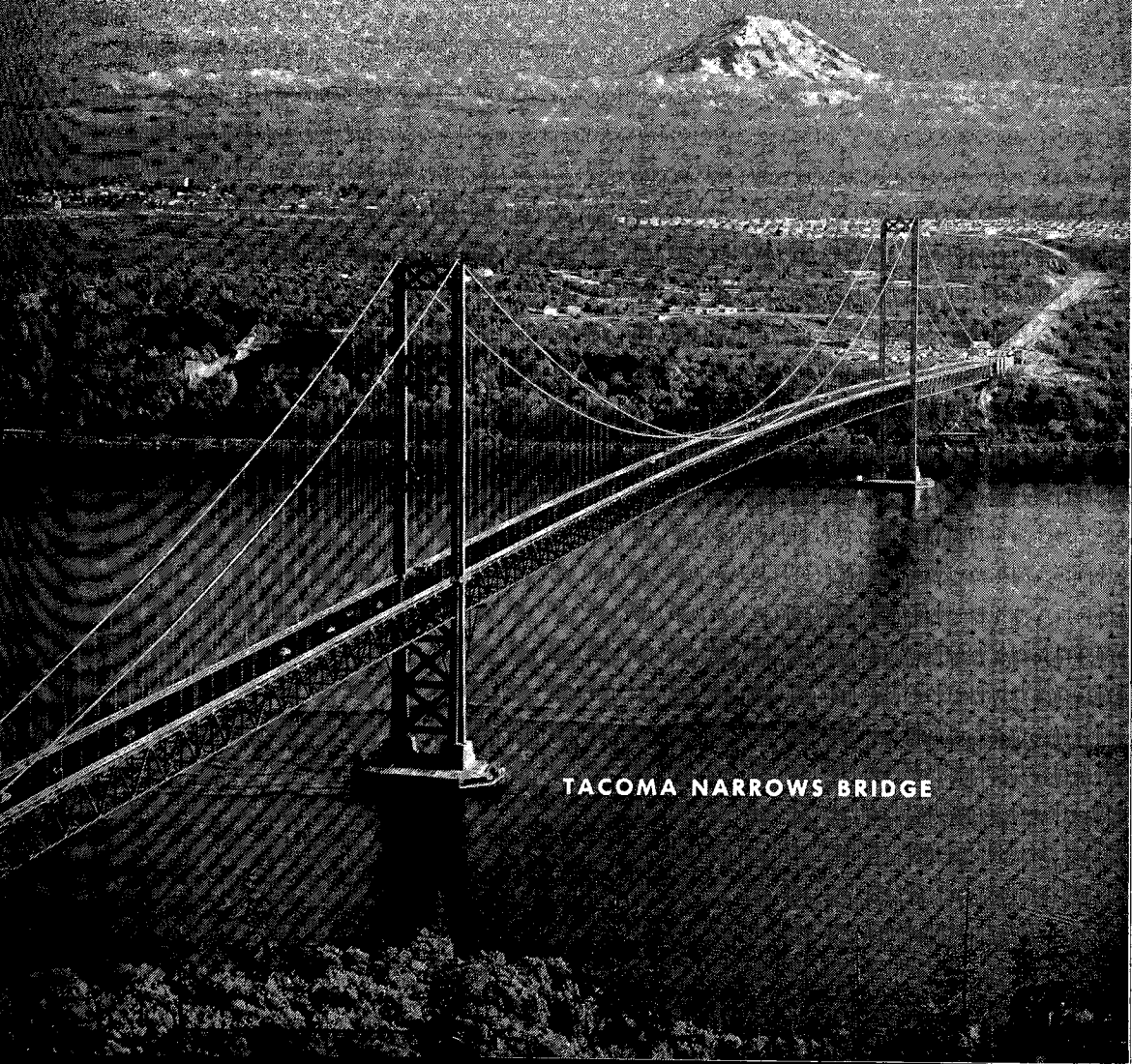
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 6

TACOMA, WASH.

FEBRUARY - 1953

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MEDICAL SOCIETY



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Pierce County Medical Society

1953

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 Auxiliary News Editor Mrs. Horace A. Anderson

Program

Tuesday, February 10, 1953

8:15 p. m.

DR. CHARLES ARNOLD—
 Experiences in the Air Force

SYMPOSIUM

DR. MAHLON HOSIE—
 Diagnosis of Placenta Previa and
 Abruptio Placentae.

DR. DOUGLAS BUTTORFF—
 Treatment of the above.

DR. PHILLIP KYLE—
 Placenta Accreta

ANNUAL DINNER DANCE

of the

PIERCE COUNTY MEDICAL SOCIETY

and

WOMAN'S AUXILIARY

Thursday, February 26, 1953

Top-of-the-Ocean

Cocktails at 6:30

Dinner from 7:30 to 9:00

\$6.00 a ticket

\$12.00 a couple

Semi-Formal

Entertainment — Prizes

NOTICE

Check back page of Bulletin for calendar
 of special meetings

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

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of December 21, 1952, to January 20, 1953, inclusive:

Chickenpox	52
Gonorrhea	7
Hepatitis	1
Measles	2
Mumps	12
Pneumonia	2
Ringworm	1
Scarlet Fever	8
Syphilis	5
Tuberculosis	22
Vincent's Disease	1
Whooping Cough	1

CORRECTION AND APOLOGY

Our sincerest apologies to Dr. Frank Rigos and his fishing. We know of his prowess as a fisherman and we really didn't intend to do him out of 17 pounds of fighting steelhead. It was a case of poor copy reading and we forthwith produce the item as it should have been: "An 18½ pound steelhead from the Cowlitz River is Dr. Frank Rigos most recent triumph."

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Dear Doctor: Our new drug store, with complete prescription service, is now open. Four registered pharmacists are on duty at all hours, day or night. Delivery service by taxi is available. Located in the Park-n-Shop Super Market at 98th and Pacific.

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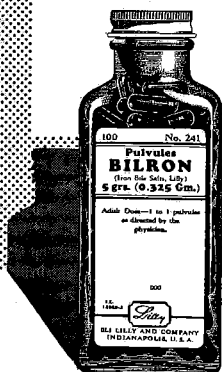


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WOMAN'S AUXILIARY

To The Pierce County Medical Society

Our next meeting will be on February 13th at the home of Mrs. Gerald G. Geissler, 1304 North Yakima. Luncheon will be served at 12:30 with Mrs. Leo Annest and Mrs. John Bonica as co-chairmen. Assisting them will be Mesdames George Kunz, Leo Scheckner, Louis Rosenblatt, Max Thomas, Don Willard, Fred Paine, Merrill Wicks, Robert Ferguson, Rodger Dille, Paul Bondo, Siegfried Herrmann and Thomas West.

A special reminder to Board members: the new time for Board Meetings is 11:30 before the luncheon in order to finish before the luncheon begins. A movie on the Buckley school entitled "Children Limited" will be presented by Mrs. Clyde P. North.

A skating party for student nurses from St. Joseph's and Tacoma General was held January 9th at the Tacoma Ice Arena. Erma Thordarson was in charge and reported that a good time was had by all, with about 65 nurses and their escorts in attendance.

The Pierce County Medical Auxiliary has contributed another \$75.00 to the American Medical Education Foundation, making a total of \$125.00.

Hilda Lantieri has received a letter from Sylvia Naess who wished to be remembered to everyone.

The Hoyers, Harris' and L. B. Thomas' will all be neighbors soon. They have all purchased new homes on Lake Steilacoom—and practically next door to one another.

Harrison Hot Springs was the popular spot this month with the Les Baskins, Chris Reynolds, Steve Sandersons, George Kunz and Horace Andersons.

Next month will find the Vadheims returning to Honolulu for another visit, and the Tom Murphys going South for a brief rest. The Lewis Hopkins have recently returned from various vacation spots.

Our president, Muriel Nelson, urges us all to attend the February meeting as our special guests will be State President, Mrs. Robert Fishbach and President-Elect Mrs. George Janson.

Dr. and Mrs. Thomas O. Murphy, son and daughter-in-law of Dr. T. B. Murphy, are the proud parents of a new baby born last week. The new father is in residency in the East.

The really big news comes last. The annual dinner of the Society and Auxiliary is going to be at the Top-of-the-Ocean on February 26, starting with cocktails at 6:30 and dinner at 7:30 to 9:00. There will be professional entertainment and lots of prizes. The cost will be \$12.00 a couple and dress will be semi-formal.

FOR SALE

Three Mayo examining tables for sale. Call Dr. W. W. Mattson, Tuesday, Thursday or Saturday. BR. 3708.

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The Hospitals . . .

PIERCE COUNTY

Wedding invitations announce that the wedding of Miss Norma Johnson, chief laboratory technician, to Mr. Clarence Kinsman will be held in the Bethel Lutheran Church on February 6, 1953 at 8:00 p. m. A reception will follow in the basement of the church.

One of the delightful affairs given in honor of Miss Johnson was a dinner party at the home of Ida Rasor on January 13. A beautiful favor, crocheted by the hostess, was presented to each guest. Following an elaborate dinner, a shower of canned foods was given to the bride-to-be. Each gift was accompanied by an original jingle advising Miss Johnson on its particular value in feeding a new husband.

Two new members have been added to the Laboratory staff. They are Mrs. Margaret Rethore, recently of Englewood General Hospital near Los Angeles and Mrs. Jean Cummins, lately with the Department of Medicine, University of Washington Medical School.

Miss Marguerite Huyke who recently came to Tacoma from Alabama has joined the Dietary staff as assistant to Mrs. Lehto. Miss Huyke is in charge of the therapy diet work.

Gloria Henn of the Social Service department is leaving with her husband, who has recently been discharged from the army, to make her home in Rochester, Minnesota.

Miss Frances Sturn of the laundry department is ill in St. Joseph's Hospital, but is reported to be improving.

Dr. William Todd, President of Pierce County Hospital Medical staff was pleasantly surprised with a birthday party at his home. Those attending came dressed as 9-11 year olds and included many of the doctor's co-workers at the hospital.

Mrs. Geraldine MacDonald, lately of the Social Service Department, paid a visit to the hospital to introduce her baby daughter Geraldine, now two months old. Mr. MacDonald who was stationed with the army here has now been assigned to foreign service and is on his way to Korea.

Dr. Myron Bass, formerly an intern and resident at this hospital, has returned from his army assignment in Fairbanks, Alaska and will be one of the resident physicians at Pierce County Hospital during the following year.

Marjorie Swanson, anesthetist, has left to work for the Arabian American Oil Company in Dhahan, Saudi Arabia.

Doris Wedl, third floor, and little son, left to join Mr. Wedl, in the service at Augsburg, Germany.

Dr. Dorothy Munce, who has been a resident physician at Pierce County Hospital is planning to leave Tacoma soon. She intends to go as a Medical Missionary to a hospital in Narsapur, India, a village in South India. The time of her departure for India is still indefinite, pending pro-

curement of visa and supplies. Co-workers regret Dr. Munce's departure and her valued services while at Pierce County Hospital will be greatly missed.

Mrs. Clara Nygaard of the dietary department became the bride of Mr. Charles King on January 10, 1953.

Fellow nurses are congratulating Mrs. Solverg Engman and her husband on the birth of a baby girl born January 19, 1953.

TACOMA GENERAL

Walter Huber has been named Controller of Tacoma General Hospital. Mr. Huber for several years has been Chief Accountant. The position of Controller is newly created.

Miss Leona Forsberg's recruitment program is being pursued now in the Junior High Schools. She made a recent appearance at Mason Junior High, accompanied by student nurse Donna Burns.

Mrs. Beatrice Hennefer, Assistant Director of Nursing Service, has resigned to become Instructor in Practical Nursing at the Tacoma Vocational School. Mrs. Phyllis Parish, formerly Head Nurse in Central Supply, will assume Mrs. Hennefer's duties as Assistant Director of Nursing Service, 3-11.

Mrs. Loretta Selle is now Admitting Nurse, replacing Mrs. Pat Pellegrini, who is enjoying a leave of absence.

The Council of the Washington State Student Nurses Association met at St. Mary's Hospital in Walla Walla on January 24. Voting delegates from Tacoma General were Lois Powell and Lolita Lowell. Junior Class representative was Pat Ronde.

Dr. George Mix has joined the group of Resident Anesthesiologists in Dr. Bonica's department. Dr. Mix comes from Buffalo, New York, where he graduated from the University of Buffalo Medical School.

The American Heart Association sponsored an Institute on "Cardiac Care" at Jackson Hall on January 19. Dr. Rodger Dille spoke on the "Etiology of Heart Diseases." Speakers at the evening session were Miss Eleanor Elwood, Surgical Instructor at Harborview, and Miss Esther Reitz, Medical Instructor at Swedish Hospital in Seattle. Over 100 people attended, including student nurses and practical nurses as well as registered nurses.

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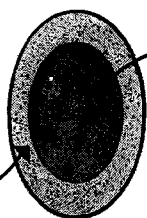
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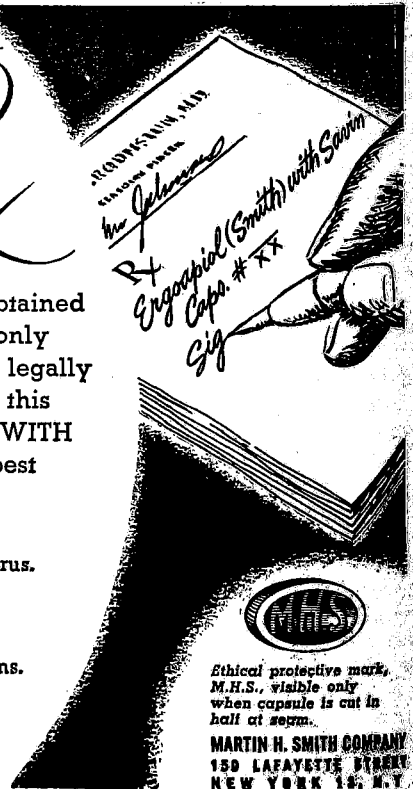
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GENERAL DOSAGE: One to two capsules, three to four times daily—as indications warrant.

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

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CONSTITUTION

ARTICLE I—NAME

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

ARTICLE II—OBJECTS

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

ARTICLE III—MEMBERSHIP

Section 1. Classes of members. This Society consists of:

- (1) Active members, and
- (2) Honorary members.

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

- (1) Be a citizen of the United States
- (2) Possess the degree of Doctor of Medicine, or Bachelor of Medicine, which, if issued subsequent to 1913, was issued by an institution approved at the time of issuance of the degree by the Council on Medical Education and Hospitals of the American Medical Association, except that the Society, in its discretion, may continue in membership a person not possessing the qualifications just stated who was a member in good standing prior to the adoption of the Constitution of the Washington State Medical Association.

(3) Be of good moral character and abide by the principles of Medical Ethics; and

(4) Shall only practice or claim to practice medicine as taught by colleges approved by the Council on Medical Education and Hospitals of the American Medical Association.

(b) Qualifications for Each Class.

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

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

(3) To be eligible as an honorary member, one must have been an active member in good standing in this, or in this and other component societies of the Washington State Medical Association for the last thirty years and must be seventy or more years old. An active member in good standing in this Society and the Washington State Medical Association, who has retired from practice, may become an honorary member by action of the Board of Trustees.

Section 3. Rights and Duties of Members. The right to vote, to hold office, and to be a member of the Washington State Medical Association by virtue of membership in this Society is limited to active and honorary members. Within these limita-

tions the By-Laws may define the rights and duties of the respective classes of members.

ARTICLE IV—OFFICERS

Section 1. Officers listed. The officers of this Society shall be the President, President-Elect, Vice-President, Secretary-Treasurer and seven trustees.

Section 2. Election and Tenure. The voting members of the Society at the annual meeting of the Society shall elect by such methods or procedure as the By-Laws may provide the following officers to serve a one-year term: President-Elect, Vice President, Secretary-Treasurer. Each of these officers shall assume office at the close of the annual meeting at which they were elected, and shall hold office until the corresponding period one year hence or until his successor assumes office. The President-Elect shall serve as such until the close of the meeting one year following the assumption of his office as President-Elect, at which time he automatically becomes President, and shall serve until the corresponding period one year thereafter, or until his successor assumes office. The Society shall also elect seven Trustees, each of whom shall serve a two-year term. Four Trustees shall be elected alternate years and three the other years.

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

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

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

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

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

(Continued on Page 11)

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Section 3. Vacancy during elected term—how filled. If a delegate dies, resigns, ceases to be a member in good standing of the Society, becomes disabled or for any other reason cannot assume the duties of his office, or will be absent from the session of the House of Delegates, the President shall appoint from the group of elected alternate delegate, or if none available, shall appoint another active member of the Society to serve in his stead the balance of the term or during the disability or absence, as circumstances may call for. As soon as practicable after the appointments the President shall notify the Secretary-Treasurer of the Washington State Medical Association of his action.

ARTICLE VI—MEETINGS

The society shall meet at such times and places as may be provided in the By-Laws, provided that there be held annually a meeting on the second Tuesday in December, which shall be designated as the Annual Meeting, at which time the Society shall elect officers for the ensuing year, and delegates and alternates to the Washington State Medical Association, and at the close of which meeting the President and officers for the ensuing year shall be installed.

ARTICLE VII—LEGISLATIVE POWERS

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

ARTICLE VIII—BOARD OF TRUSTEES

Section 1. Composition. The Board of Trustees shall consist of the President, President-Elect, Vice President, Secretary-Treasurer, the immediate past President, and seven Trustees.

Section 2. General powers. The Board of Trustees shall carry out the mandates and policies of the Society as determined by the voting members or by the Washington State Medical Association. Subject only to (1) the provisions of this Constitution and By-Laws, (2) all resolutions and enactments of the voting members and (3) the

paramount authority of the Washington State Medical Association, the Board of Trustees has full and complete power and authority to perform all acts and to transact business for or on behalf of the Society and to manage and conduct all the property, affairs, work and activities of the Society. It shall have supervision and control of the finances of the Society and the investment of its funds and shall perform such other duties and exercise such other rights as may be set forth in the By-Laws or as are prescribed by the laws of the State of Washington relating to the directors of corporations. Subject to the approval of the Society as to selection, tenure and remuneration, the Board of Trustees shall have the power to employ an Executive Secretary whose duties shall be to assist the Secretary-Treasurer in his official duties and otherwise as may be directed by the Board of Trustees. The Trustees shall employ and arrange the salaries of such other employees as are necessary to carry into effect the purposes of this Society. The Trustees shall employ an auditor who shall make a careful examination of the Society's finances, and make a report annually.

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

ARTICLE IX—FINANCES

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

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

Section 3. Fiscal Year. The fiscal year of this Society is from January 1st to December 31st, inclusive.

ARTICLE X—DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in the By-Laws, a member may be expelled, suspended, admonished, or otherwise disciplined, provided that a copy of the charges preferred against him is served on him. He will be given at least ten days to prepare his defense, to

(Continued on Page 13)

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- *U.S. Pat. #2,505,681.

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present witnesses and other evidence on his behalf, and to cross examine witnesses and to rebut evidence presented to sustain the charges.

However, a member in arrears with respect to dues shall be automatically suspended or expelled under the conditions provided in the By-Laws. A member against whom disciplinary action has been voted by the Society shall have the right to appeal to the Board of Trustees of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the Society shall remain in full force and effect during the pendency of such appeal or appeals.

ARTICLE XI—ETHICS

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

ARTICLE XII—FORM OF ORGANIZATION

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

ARTICLE XIII—AMENDMENTS

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

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

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

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

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

BY-LAWS

CHAPTER I—MEMBERSHIP

Section 1. (a) Qualifications. A candidate for membership must present a written application endorsed by two or more of the voting members of the Society, stating place and date of birth, and proof of naturalization if foreign born, professional college and date of graduation, place or places in which he has practiced, and the date and number of Washington State license, and date recorded in Pierce County. A passport-size photograph shall accompany each application, and each application shall be signed and affirmed before a Notary Public. No application shall be received before the applicant has complied with the laws of this State regulating the practice of medicine and surgery.

(b) Procedure. The application shall be read at a regular meeting of the Society and then be referred to the Board of Trustees who shall inquire into the professional and personal qualifications of the applicant. If the Board of Trustees favorably recommends the applicant he shall be recommended for membership. A three-fourths majority of the members present and voting at the meeting shall be necessary to elect a candidate to membership. Those who have endorsed the applicant may at any time before the election withdraw their endorsement. If the application is in order the applicant's name shall be voted upon whether the recommendation is favorable or unfavorable. A candidate presenting with his application an accredited transfer card or its equivalent from a component medical society of this or any other state within six months after its issuance may be admitted to membership (any to which he is eligible) on a three-fourths majority of the members present and voting.

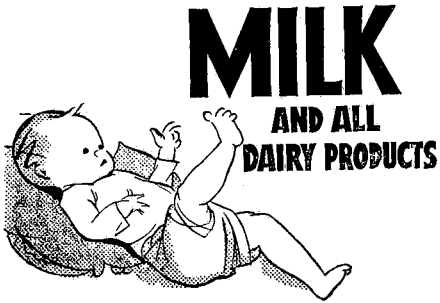
(c) Honorary members. When an active member attains the qualifications for honorary membership stated in the Constitution he shall automatically become an honorary member.

Section 2. Rights of members. All members in good standing shall be equally privileged to attend all meetings and attend all proceedings of the Society. If a member resigns or in any manner loses his membership in this Society, he forfeits all rights and titles to share in its privileges.

Section 3. Dues and special assessments.

(a) Amount of dues. The annual dues of this Society are Forty dollars (\$40.00), plus the Wash-

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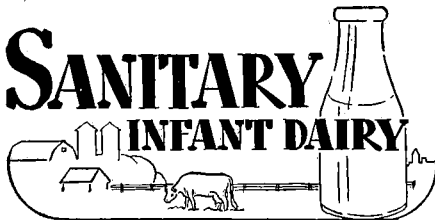


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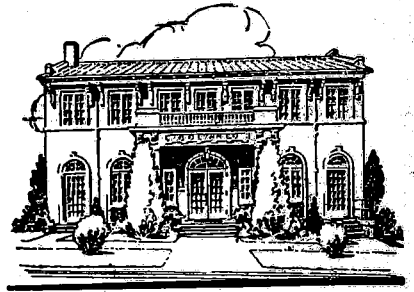


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ington State Medical Association dues which are Thirty-five dollars (\$35.00). The annual dues of the American Medical Association are Twenty-five dollars (\$25.00), and are payable through the Secretary-Treasurer of the Pierce County Medical Society.

(b) **Liability.** If a member fails to pay his annual dues and/or special assessments before April 1st of the current year he shall automatically stand suspended from membership without action on the part of the Society. He likewise may be reinstated if the dues and/or special assessments are paid on or before December 31st of the same year. A member a year in arrears in his dues and/or special assessments shall automatically be permanently dropped from membership and can only regain membership by making application as a new member. Those elected to membership after June 30th shall pay one-half the annual dues for the current year. Dues and/or special assessments shall not be levied against honorary members, members engaged in the active service of the Armed Forces of the United States, or in residency approved by the Council on Medical Education and Hospitals of the American Medical Association. A transfer of a member in good standing from a component society of the Washington State Medical Association is not liable for dues to this Society for the year of his election to membership in this Society. A transfer of a member in good standing from a component society of some other state or territorial medical association or society is liable for dues the same as any newly elected member of the Society.

Section 4. The Board of Trustees may make adjustments in specific and individual dues as extenuating personal circumstances warrant.

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

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

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

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

CHAPTER II—DISCIPLINING OF MEMBERS

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

(a) A criminal offense involving moral turpitude;

(b) Gross misconduct;

(c) Violation of the Principles of Medical Ethics;

(d) Willfully committing any act tending to defeat the aims, purposes or objects of this Society or to bring the Society into disrepute.

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

(f) False testimony; or

(g) Exhibition of disloyalty to the United States by act or word. A member delinquent in paying

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

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

CHAPTER III—MEETINGS

Section 1. Regular meetings of the Society shall be held on the second Tuesday of each month except June, July and August, at such time and place as the Board of Trustees and the Society itself shall designate. The regular meeting in December shall be known as the Annual Meeting, and at that meeting the Society shall accomplish the election of officers in accordance with Chapter IV of these By-Laws.

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

(Continued on Page 17)

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

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

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

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

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

Section 1. At the regular meeting in October there shall be presented as a special order of business the election of members of the Nominating Committees.

Section 2. The President shall call for nominations from the floor for at least six candidates to serve on the Nominating Committees, and the membership shall proceed to ballot. The six receiving the highest number of votes shall constitute the Nominating Committees. One committee shall consist of the man receiving the highest number of votes (who shall be chairman) the third highest and the fifth highest. The other committee shall consist of the man receiving the second highest number of votes (who shall be chairman) the fourth highest and the sixth highest.

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

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

Section 5. (a) The complete list of nominees shall be posted on the Society Bulletin Board two weeks in advance of the Annual Meeting, and published in the next issue of the Pierce County Medical Society Bulletin.

(b) Two weeks preceding the Annual Meeting, to each qualified member, as of that date, shall be mailed by the Secretary one ballot, together with two envelopes, one identifiable by the Secretary, and one plain. This sealed and unidentifiable envelope shall be returned in person or by mail, in the identifiable envelope, and to be received not later than 5:00 p. m. of the night of the Annual Meeting. On receipt of the ballot doubly enclosed, the fact that the sender has voted shall be recorded, and the ballot in the sealed unidentifiable

envelope removed from the outer envelope and deposited in a suitable container.

(c) The unidentifiable sealed ballots shall be opened by the tellers appointed by the President of the Pierce County Medical Society, and counted the night of the Annual Meeting.

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

Section 7. The mailing of ballots by the Secretary to all voting members of the Society shall constitute formal notification of the time and place of the holding of the annual meeting at which officers and delegates will be elected.

Within ten days after the holding of an Annual Meeting and its resulting elections the Secretary shall certify the results of the election to the Secretary-Treasurer of the Washington State Medical Association.

CHAPTER V—OFFICERS, THEIR POWERS AND DUTIES

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

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

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

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

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

- (1) To record the minutes of the Society and of the Board of Trustees.
- (2) To be custodian of all records, books, and papers belonging to the Society, and of the Society's Seal.
- (3) To carry on the official correspondence of the Society, including such matters as notifying members of meetings, officers of their election, com-

(Continued on Page 19)

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mittees of their appointments and duties, and all notices required by the Constitution and By-Laws or by law. Official notification shall have been deemed submitted when properly published in the Pierce County Medical Society Bulletin.

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

(5) To note in a separate record the names of each licensed physician practicing in the county who is not a member of this Society.

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

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

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

property of the Society except by order of the Society; and

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

CHAPTER VI—STANDING COMMITTEES

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

1. Program
2. Ethics
3. Grievance
4. Public Relations
5. Public Health
6. Library
7. House

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

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

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

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

Section 6. Grievance Committee

(a) The Grievance Committee shall consist of three active members appointed by the President and approved by the Board of Trustees. The appointed members shall serve for terms so staggered that in 1954 and succeeding years one member will be appointed each year to serve a three year term. The President shall be an ex-officio member.

(b) Qualifications. Each member shall be an active member of the Society and shall be one of the respected members of the profession who has demonstrated from time to time his interest in questions of an ethical nature. He shall be an outstanding example of sobriety, integrity and good judgment in matters pertaining to the welfare of the profession, the interests of the public, and the furtherance of proper physician-patient relationship.

(c) Duties. The Grievance Committee shall investigate and supervise the ethical deportment of the members of the Society. It shall review complaints of patients against doctors in regard to

(Continued on Page 21)

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fees and other matters. It shall prefer charges before the appropriate body against any physician deemed by it to be guilty of unprofessional conduct.

(d) Power. The Grievance Committee shall have power to adopt rules to govern matters within its jurisdiction subject to the approval of the voting members of the Society. Said rules after approval shall be published in the Bulletin of the Pierce County Medical Society and shall be binding upon all members of the Society ten (10) days after said publication. Such rules shall conform with the following principles and limitations:

(1) That membership of the Grievance Committee shall not be secret.

(2) Any physician, against whom a complaint may be lodged with the Committee, shall be entitled to a fair hearing before any decision shall be reached by the Committee.

(3) All preliminary and final hearings shall be conducted in private and the source of information, the charges and the record of all proceedings shall be held confidential except where fulfillment of the decision of the Committee shall require otherwise.

(4) The Board of Trustees shall budget the necessary funds to finance the activities of this Committee.

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

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

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

Section 10. House Committee. The House Committee with the co-operation of the Tacoma District Dental Society shall have custody of the physical properties of the Society and cooperate with the building management in the satisfactory maintenance of the Society's quarters. No article belonging to the Society excepting books and periodicals in the library shall be removed from the Society's quarters without permission of a member of the House Committee.

CHAPTER VII—AMENDMENTS

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

RULES AND REGULATIONS OF THE GRIEVANCE COMMITTEE OF THE PIERCE COUNTY MEDICAL SOCIETY

1. The chairman of the committee shall be elected by the committee, and the president shall notify the membership of the society of the names of committee members.

2. The majority of the committee shall constitute a quorum and the affirmative vote of the majority of those present shall constitute the action of the committee.

3. The committee shall have the power and authority to summon members of the society to appear before it, either in connection with complaints involving the members summoned, or as witnesses in cases involving other members. The failure of any member to respond to such summons without a reasonable excuse shall constitute grounds for preferring charges of unprofessional conduct.

4. Unless in a given case the committee determines that verbatim testimony should be taken, no person other than members of the committee and any witness then being heard will be admitted to any part of its proceedings.

5. Should it become necessary in the opinion of the committee to take verbatim testimony in any case, the committee shall obtain the services of a court reporter. No regular employee of the association will be requested or permitted to take notes or minutes on any such matters.

6. The committee shall receive complaints from any person whether or not he or she be a physician, a member of the society, an employee of the society, a patient of a member, or any other person, lay or professional. Each complaint must be in writing and in duplicate, and the committee shall acknowledge receipt thereof and send one copy to the physician involved.

7. On receipt of each new complaint the physician involved shall be immediately contacted in an endeavor to arrive at an amicable settlement.

8. If the committee cannot bring about a satisfactory and amicable settlement between the complainant and the physician involved, then the com-

(Continued on Page 23)

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mittee shall hold a hearing thereon, investigate the circumstances of the case, hear witnesses, and arrive at a decision.

9. The committee by majority vote may consider the case closed, it may make any recommendation it deems advisable, or it may express its advice to the physician involved on any matter pertaining to his professional conduct. The committee shall have no power to expel, suspend, or take any disciplinary action against any member, but it shall have power to recommend to the society that proceedings be instituted within the society pursuant to and in strict accordance with the Constitution and By-Laws pertaining to such disciplinary action. The committee may, subject to the approval of the Board of Trustees, prefer charges against the physician involved before a criminal court or before the Director of Licenses of the State of Washington.

10. Immediately upon reaching a decision, the committee shall transmit a copy thereof to the physician involved and he shall have a period of ten (10) days thereafter in which to accept or reject the same. If accepted, the decision shall become final and shall be consummated or carried into effect as the case may be. If rejected, the physician shall have the right to a review by the Board of Trustees which may direct the committee to retain, change, alter, or amend its decision. The committee shall thereupon prepare its decision in accordance with such instructions and copies of such decision shall

be transmitted to the complainant and the physician involved.

11. Any person feeling aggrieved by the decision of the committee may appeal therefore to the Grievance Committee of the Washington State Medical Association, and the decision of the committee shall be suspended and not executed during the pendency of such appeal.

12. When the matter in controversy relates to the fee charged by a member of the society, the committee shall, by a majority vote, determine a fee which it deems fair and proper. The failure of a member to agree to such determination of the committee, or having agreed to the amount so fixed, failure of the member to abide by his agreement shall constitute grounds for the preferring of charges of unprofessional conduct under the principles of ethics. Should litigation develop, the aid of members of the society shall be withheld from the offending member and will be offered to the patient.

13. The committee will respect the completely confidential nature of any complaint provided that any complainant unwilling to appear personally before the committee will be given to understand that such unwillingness prejudices against the possibility of the committee being able to make a complete investigation. Every complainant will be invited to appear before the committee with the assurance that even the fact of his appearance

(Continued on Page 25)

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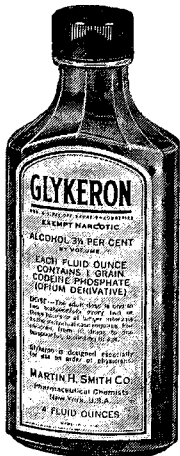
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before the committee, as well as the origin of the complaint, will be kept confidential, provided however, that if any form of prosecution should result, the committee will, of necessity, reveal the names of prospective witnesses, even though these names may include that of the complainant.

14. The decision of the committee and all correspondence pertaining thereto shall be signed by the Chairman of the committee.

Steps Toward Super-Inflation

(1) Our Post Office Department estimates that it will operate this year at a loss of \$500 million. (2) The Veterans Administration takes five times as long to settle a claim as does a private insurance company, and uses four times the manpower. (3) The Federal Government today owns 3½ typewriters for every employee using a typewriter. (4) All together the government has 27 billion dollars worth of supplies on hand, and no central inventory.

With every unnecessary expenditure, with every dollar foolishly squandered, we are buying ourselves a dubious and temporary prosperity by mortgaging the future of our children and of our children's children.

—From *Lucerne County Medical Society Bulletin*.

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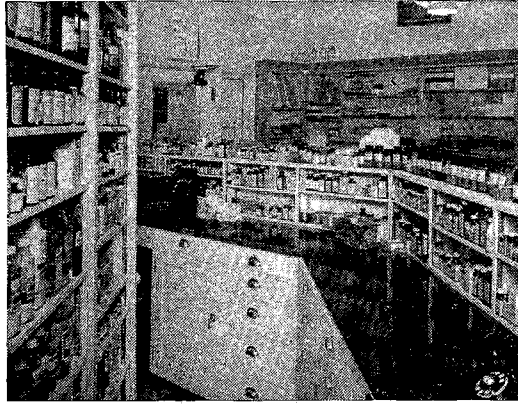
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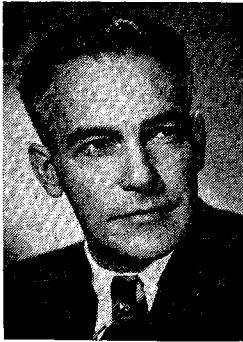


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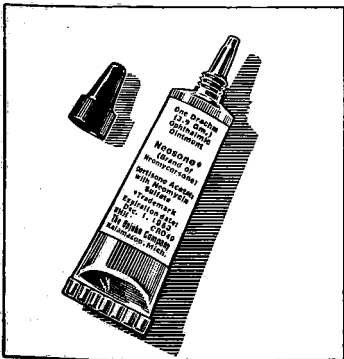
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STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

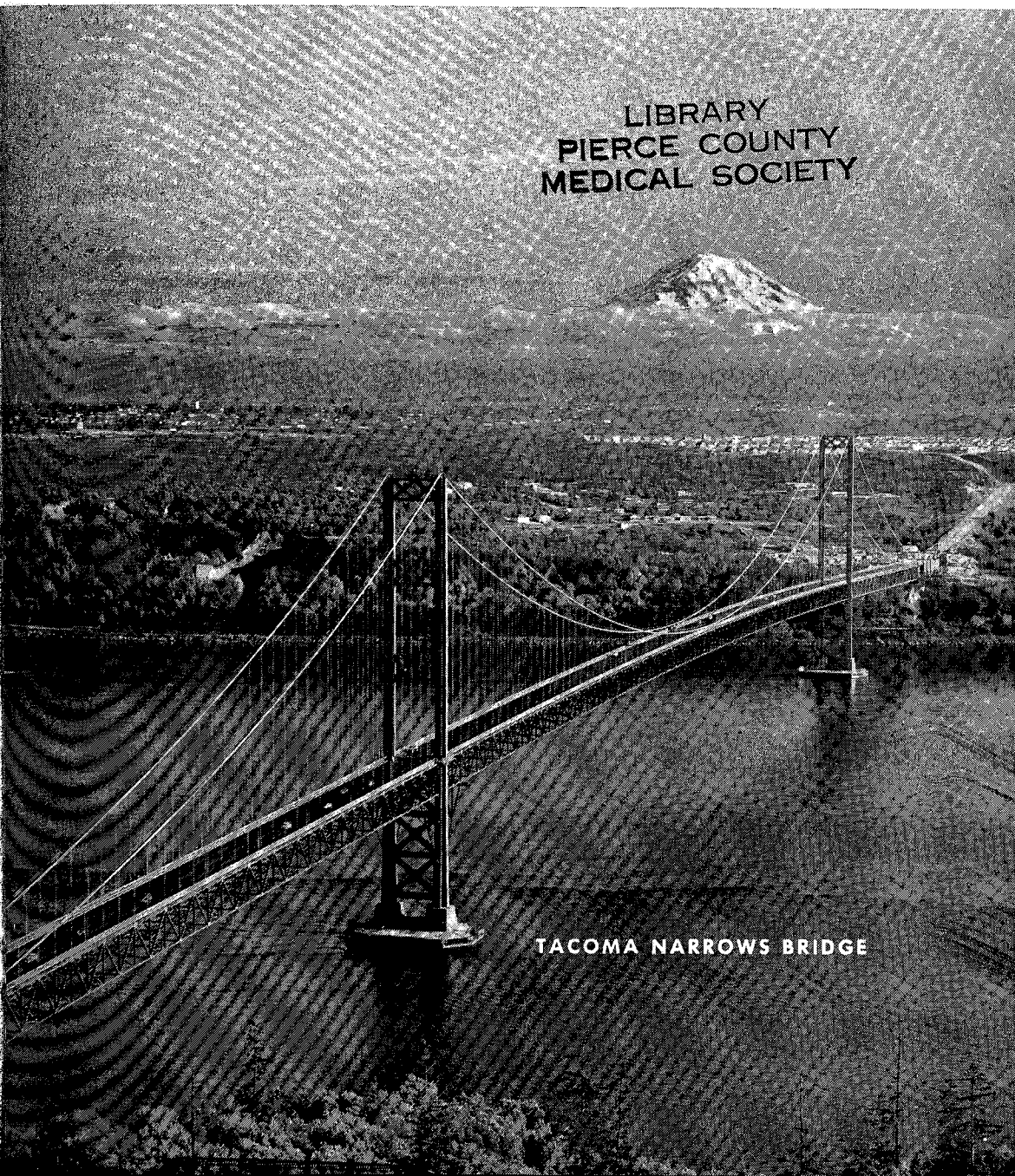
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 7

TACOMA, WASH.

MARCH - 1953

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MEDICAL SOCIETY



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1953

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 Auxiliary News Editor Mrs. Horace A. Anderson

Program

Tuesday, March 10, 1953

8:15 p. m.

Inasmuch as time did not permit the scientific program to be presented at the February meeting it will be given at the March meeting as follows:

DR. MAHLON HOSIE—

Diagnosis of Placenta Previa and
 Abruptio Placentae.

DR. DOUGLAS BUTTORFF—

Treatment of the above.

DR. PHILLIP KYLE—

Placenta Accreta

Don't forget . . .

THE ANNUAL DINNER DANCE

at the Top-of-the-Ocean

Thursday, February 26th

Cocktails at 6:30

Dinner at 7:30 to 9:00

NOTICE

Check back page of Bulletin for calendar
 of special meetings

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To The Pierce County Medical Society

"The Lost Art of Entertaining" will be the subject of a talk by Mr. Scotty Miles when he speaks at our next meeting.

Mrs. Fay M. Nace will be the hostess in her home at 1228 Fernside Drive, Narrowsmoor. It will be another 12:30 luncheon on March 13 with Mrs. John Flynn and Mrs. Hugh Larkin as co-chairmen, assisted by Mesdames Arthur O'Leary, James Lambing, William Rademaker, S. S. Sanderson, T. B. Murphy, E. R. Anderson, Lester Baskin, J. O. Lasby, T. H. Duerfeldt, Robert Bond, Walter Cameron, C. Denzler and George Kittredge.

At the last meeting it was suggested that we change our meetings to the third Friday of each month. The reason for this is to accommodate our Puyallup members who have other commitments on the second Friday. This change was not voted on because of the comparatively small attendance at the last meeting but Muriel Nelson would like everyone to consider it and the issue will probably be brought to a vote soon.

Dr. and Mrs. Fay Nace are combining business and pleasure with a trip to Los Angeles to attend an OB Meeting after which they will vacation for a week.

Next month will find the Robert Florence's, Ed Anderson's and George Kunz's heading for a meeting in Los Angeles followed by a visit to Palm Springs.

The first meeting of the Future Nurses Club was held in the Little Theatre of Puyallup High School. Although Ruth Murphy is head of this project we want to give special notice and thank you's to Mrs. Carl Scheyer and her committee who worked so hard to make this meeting a success.

There was a turnout of about 65 girls who were interested and they heard Miss Forsberg from Tacoma General speak on "Nursing as a Career" and the requirements for entering an approved training school.

Don't forget our big dance on Thursday, Feb. 26th at the Top-of-the-Ocean.

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1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarzick, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. 149:729 (June 21) 1952.

3. Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey 49:306, 1952.



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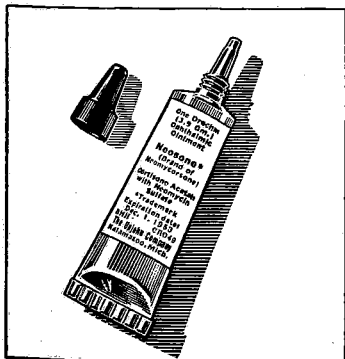
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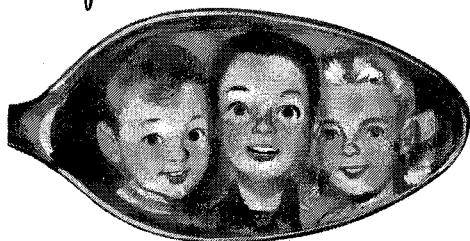
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LETTERS TO THE EDITOR

Dear Doctor:

It is requested that you announce at your meetings, and, if possible, publish in your Bulletin, a cordial invitation to your members to attend a Sectional Meeting of the American College of Surgeons to be held at the Statler Hotel, Los Angeles, California, March 30 and 31, 1953.

This is to be a joint meeting with the Southern California Chapter of the College and the roster of speakers will include eminent visiting speakers in addition to local talent.

Program attractions will feature papers and panels on Pre- and Postoperative Care, Blood Transfusions: Uses and Abuses, Surgical Lesions of the Pancreas, and Tumors of the Breast; Symposia on Gynecology, Recent Developments in Antibiotic Therapy, Cancer and Trauma, plus papers on Radioactive Isotopes for Metastatic Cancer of the Pleural and Peritoneal Cavities, Carcinoma of the Gallbladder, Diagnosis and Treatment of Soft Tissue Tumors of the Extremities, Complications of Gastric Resection and Vagotomy, Gastric Tumors of Mesenchymal Origin, Surgical Treatment of Hirschsprung's Disease in the Adult, Methods and Results of Small Intestinal Anastomosis, Volvulus of Sigmoid Colon: Its Diagnosis and Management, Nephropexy: Why and Why Not, Open Transcolonic Ureterointestinal Anastomosis: A New Technique, Thyroglossal Duct Cyst, Studies on

Cerebral Vascular Dynamics, Ectopic Pregnancy in Los Angeles County, Trauma in Relation to the Origin of Bone Tumors, The Surgical Management of Jaundice in Infancy, Experience With No Dressing Treatment of Postoperative Clean Wounds, Benign and Malignant Tumors of the Thyroid Associated With Thyroiditis, Indications for Vein Interruption in Thrombophlebitis, Indications and Limitations of Thromboendarterectomy in Obliterative Arteriosclerosis, and Sphincteroplasty for Recurrent Pancreatitis: A Preliminary Report.

Several new surgical motion pictures will be shown, including selections from the 1952 Cine Clinics, and two stereoscopic movies on "Radical Resection for Carcinoma of the Stomach" and "Mediastinal Tumors."

We hope your members will join us in this concentrated educational program.

Sincerely yours,

PAUL R. Harvey, M.D.,

The Director

Ewing L. Turner, M.D., F.A.C.S.

Chairman, Committee on Arrangements

Take a look at the average Doctor if you think he is a quiet sort of an animal.

Every 14 hours, if you are an average physician, weighing about 175 lbs., this is what your achievements are (if you still expect to stay alive):

Your heart beats 103,689 times.
 Your blood travels 168,000,000 miles.
 You breathe 23,040 times.
 You inhale 438 cubic feet of air.
 You eat 3¼ pounds of food.
 You drink 2.9 pounds of liquids.
 You lose in weight 7.8 pounds of waste.
 You perspire 1.43 pints.
 You give off 2.6 degrees Fahrenheit.
 You turn in your sleep 25 to 35 times.
 You speak 4,800 words.
 You move 750 major muscles.
 Your nails grow .000046 of an inch.
 Your hair grows .0174414 of an inch.
 You exercise 7,000,000 brain cells.

—*Bulletin of Middlesex County Medical Society.*

ANNOUNCING 24-HOUR PRESCRIPTION SERVICE

Park-n-Shop Drugs

Dear Doctor: Our new drug store, with complete prescription service, is now open. Four registered pharmacists are on duty at all hours, day or night. Delivery service by taxi is available. Located in the Park-n-Shop Super Market at 98th and Pacific.

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Owner of Parkland Pharmacy

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SQUIBB

SCIENTIFIC ASSEMBLY OF THE ALUMNI POSTGRADUATE CONVENTION

March 8 - 10, 1953

The Alumni Association, School of Medicine of the College of Medical Evangelists presents its Seventh Annual Alumni Postgraduate Convention in the Ambassador Hotel, March 8 to 10, 1953 This three-day program of lectures, panels, motion pictures, and scientific and technical exhibits is planned for the busy physician, to bring him new

and improved methods of diagnosis and treatment, and new developments in medical science

The American Academy of General Practice, in the action of its Commission on Education, has granted Academy members informal postgraduate credit for attendance at this Assembly.

Informal Luncheon Roundtable discussions will be held in the French Room of the Ambassador on Sunday and Tuesday, presided over by featured speakers.

CAN YOU PROVE IT?

This took place at Boston College during a lecture by a young priest.

The professor, after long discourse, asked for questions. A student arose and demanded documentary proof of various statements made in the lecture. The professor admitted he had no proof with him, although it was easily obtainable. Unabashed, the show-off replied, "Well, sir, until you can produce documentary evidence, do you mind if for the time being I call you a liar?"

The stunned audience waited for the professor to find his voice. Then he quietly asked the student for his parents' marriage certificate. Unable to produce it, the student sat dumbfounded as the professor said, "Well, sir, until you can produce the documentary evidence, would you mind if I called you an impertinent young bastard?"

—(Richard K. Malcolm, True),
The Milwaukee Medical Times.

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- MARCH 28th** Alcoholism

plus news and views expressed in current medical meetings, reports, photo stories and other material of interest to all physicians.



THE AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION

The 31st annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held on August 31, September 1, 2, 3 and 4, 1953 inclusive, at the Palmer House, Chicago, Ill.

Scientific and clinical sessions will be given on the days of August 31 and September 1, 2 and 3. All sessions will be open to members of the medical profession in good standing with the American Medical Association.

In addition to the scientific sessions, annual instruction seminars will be held. These lectures will be open to physicians as well as to therapists, who are registered with the American Registry of Physical Therapists or the American Occupational Therapy Association.

Full information may be obtained by writing to the executive offices, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

Important to All-

We are publishing the revised Constitution and By-Laws again this month because it will be voted on at the next meeting of the Society. Please note the following changes:

Article III, section 1. (The courtesy member classification has been eliminated.)

Chapter IV (By-Laws), section 5. (Voting and election of officers shall henceforth be done by mail.)

Chapter VI (By-Laws), section 6. (The Grievance Committee has been reorganized to conform with the policy of the Washington State Medical Association.)

Please note also the Rules and Regulations of the Grievance Committee as listed after Chapter VII of the By-Laws.

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CONSTITUTION

ARTICLE I—NAME

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

ARTICLE II—OBJECTS

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

ARTICLE III—MEMBERSHIP

Section 1. Classes of members. This Society consists of:

- (1) Active members, and
- (2) Honorary members.

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

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

(b) Qualifications for Each Class.

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

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

(3) To be eligible as an honorary member, one must have been an active member in good standing in this, or in this and other component societies of the Washington State Medical Association for the last thirty years and must be seventy or more years old. An active member in good standing in this Society and the Washington State Medical Association, who has retired from practice, may become an honorary member by action of the Board of Trustees.

Section 3. Rights and Duties of Members. The right to vote, to hold office, and to be a member of the Washington State Medical Association by virtue of membership in this Society is limited to active and honorary members. Within these limita-

tions the By-Laws may define the rights and duties of the respective classes of members.

ARTICLE IV—OFFICERS

Section 1. Officers listed. The officers of this Society shall be the President, President-Elect, Vice-President, Secretary-Treasurer and seven trustees.

Section 2. Election and Tenure. The voting members of the Society at the annual meeting of the Society shall elect by such methods or procedure as the By-Laws may provide the following officers to serve a one-year term: President-Elect, Vice President, Secretary-Treasurer. Each of these officers shall assume office at the close of the annual meeting at which they were elected, and shall hold office until the corresponding period one year hence or until his successor assumes office. The President-Elect shall serve as such until the close of the meeting one year following the assumption of his office as President-Elect, at which time he automatically becomes President, and shall serve until the corresponding period one year thereafter, or until his successor assumes office. The Society shall also elect seven Trustees, each of whom shall serve a two-year term. Four Trustees shall be elected alternate years and three the other years.

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

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

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

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

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

Section 3. Vacancy during elected term—how filled. If a delegate dies, resigns, ceases to be a member in good standing of the Society, becomes disabled or for any other reason cannot assume the duties of his office, or will be absent from the session of the House of Delegates, the President shall appoint from the group of elected alternate delegate, or if none available, shall appoint another active member of the Society to serve in his stead the balance of the term or during the disability or absence, as circumstances may call for. As soon as practicable after the appointments the President shall notify the Secretary-Treasurer of the Washington State Medical Association of his action.

ARTICLE VI—MEETINGS

The society shall meet at such times and places as may be provided in the By-Laws, provided that there be held annually a meeting on the second Tuesday in December, which shall be designated as the Annual Meeting, at which time the Society shall elect officers for the ensuing year, and delegates and alternates to the Washington State Medical Association, and at the close of which meeting the President and officers for the ensuing year shall be installed.

ARTICLE VII—LEGISLATIVE POWERS

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

ARTICLE VIII—BOARD OF TRUSTEES

Section 1. Composition. The Board of Trustees shall consist of the President, President-Elect, Vice President, Secretary-Treasurer, the immediate past President, and seven Trustees.

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

the Board of Trustees shall have the power to employ an Executive Secretary whose duties shall be to assist the Secretary-Treasurer in his official duties and otherwise as may be directed by the Board of Trustees. The Trustees shall employ and arrange the salaries of such other employees as are necessary to carry into effect the purposes of this Society. The Trustees shall employ an auditor who shall make a careful examination of the Society's finances and make a report annually.

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

ARTICLE IX—FINANCES

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

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

Section 3. Fiscal Year. The fiscal year of this Society is from January 1st to December 31st, inclusive.

ARTICLE X—DISCIPLINING OF MEMBERS

For such cause and under such procedure as is provided in the By-Laws, a member may be expelled, suspended, admonished, or otherwise disciplined, provided that a copy of the charges preferred against him is served on him. He will be given at least ten days to prepare his defense, to present witnesses and other evidence on his behalf, and to cross examine witnesses and to rebut evidence presented to sustain the charges.

However, a member in arrears with respect to dues shall be automatically suspended or expelled under the conditions provided in the By-Laws. A member against whom disciplinary action has been voted by the Society shall have the right to appeal to the Board of Trustees of the Washington State Medical Association and to the Judicial Council of the American Medical Association under such rules as those two bodies may adopt. However, the disciplinary action voted by the Society shall remain in full force and effect during the pendency of such appeal or appeals.

ARTICLE XI—ETHICS

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

ARTICLE XII—FORM OF ORGANIZATION

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

ARTICLE XIII—AMENDMENTS

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

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

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

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

BY-LAWS**CHAPTER I—MEMBERSHIP**

Section 1. (a) Qualifications. A candidate for membership must present a written application endorsed by two or more of the voting members of the Society, stating place and date of birth, and proof of naturalization if foreign born, professional college and date of graduation, place or places in which he has practiced, and the date and number of Washington State license, and date recorded in Pierce County. A passport-size photograph shall accompany each application, and each application shall be signed and affirmed before a Notary Public. No application shall be received before the applicant has complied with the laws of this State regulating the practice of medicine and surgery.

(b) Procedure. The application shall be read at a regular meeting of the Society and then be referred to the Board of Trustees who shall inquire into the professional and personal qualifications of the applicant. If the Board of Trustees favorably recommends the applicant he shall be recommended for membership. A three-fourths majority of the members present and voting at the meeting shall be necessary to elect a candidate to membership. Those who have endorsed the applicant may at any time before the election withdraw their endorsement. If the application is in order the applicant's name shall be voted upon whether the recommendation is favorable or unfavorable. A candidate presenting with his application an accredited transfer card or its equivalent from a component medical society of this or any other state within six months after its issuance may be admitted to membership (any to which he is eligible) on a three-fourths majority of the members present and voting.

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

Section 2. Rights of members. All members in good standing shall be equally privileged to attend all meetings and attend all proceedings of the Society. If a member resigns or in any manner loses his membership in this Society, he forfeits all rights and titles to share in its privileges.

Section 3. Dues and special assessments.

(a) Amount of dues. The annual dues of this Society are Forty dollars (\$40.00), plus the Washington State Medical Association dues which are Thirty-five dollars (\$35.00). The annual dues of the American Medical Association are Twenty-five dollars (\$25.00), and are payable through the Secretary-Treasurer of the Pierce County Medical Society.

(b) Liability. If a member fails to pay his annual dues and/or special assessments before April 1st of the current year he shall automatically stand suspended from membership without action on the part of the Society. He likewise may be reinstated if the dues and/or special assessments are paid on or before December 31st of the same year. A member a year in arrears in his dues and/or special assessments shall automatically be permanently

dropped from membership and can only regain membership by making application as a new member. Those elected to membership after June 30th shall pay one-half the annual dues for the current year. Dues and/or special assessments shall not be levied against honorary members, members engaged in the active service of the Armed Forces of the United States, or in residency approved by the Council on Medical Education and Hospitals of the American Medical Association. A transfer of a member in good standing from a component society of the Washington State Medical Association is not liable for dues to this Society for the year of his election to membership in this Society. A transfer of a member in good standing from a component society of some other state or territorial medical association or society is liable for dues the same as any newly elected member of the Society.

Section 4. The Board of Trustees may make adjustments in specific and individual dues as extenuating personal circumstances warrant.

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

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

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

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

CHAPTER II—DISCIPLINING OF MEMBERS

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

(a) A criminal offense involving moral turpitude;

(b) Gross misconduct;

(c) Violation of the Principles of Medical Ethics;

(d) Wilfully committing any act tending to defeat the aims, purposes or objects of this Society or to bring the Society into disrepute.

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

(f) False testimony; or

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

Section 2. Procedure. Charges of misconduct against a member may be preferred with the Ethics Committee by any member of the Society, including a member of the Committee. The Committee shall investigate concerning the matters alleged and shall use kindly efforts in the interest of peace, conciliation or reformation, so far as possible and expedient. If, after investigation, the Committee believes the charges warrant proceedings,

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

CHAPTER III—MEETINGS

Section 1. Regular meetings of the Society shall be held on the second Tuesday of each month except June, July and August, at such time and place as the Board of Trustees and the Society itself shall designate. The regular meeting in December shall be known as the Annual Meeting, and at that meeting the Society shall accomplish the election of officers in accordance with Chapter IV of these By-Laws.

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

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

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

Section 5. Order of business. The following eight items shall be the order of business of all meetings

of the Society, whether regular or special, unless changed by a majority vote of all members present.

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

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

Section 1. At the regular meeting in October there shall be presented as a special order of business the election of members of the Nominating Committees.

Section 2. The President shall call for nominations from the floor for at least six candidates to serve on the Nominating Committees, and the membership shall proceed to ballot. The six receiving the highest number of votes shall constitute the Nominating Committees. One committee shall consist of the man receiving the highest number of votes (who shall be chairman) the third highest and the fifth highest. The other committee shall consist of the man receiving the second highest number of votes (who shall be chairman) the fourth highest and the sixth highest.

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

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

Section 5. (a) The complete list of nominees shall be posted on the Society Bulletin Board two weeks in advance of the Annual Meeting, and published in the next issue of the Pierce County Medical Society Bulletin.

(b) Two weeks preceding the Annual Meeting, to each qualified member, as of that date, shall be mailed by the Secretary one ballot, together with two envelopes, one identifiable by the Secretary, and one plain. This sealed and unidentifiable envelope shall be returned in person or by mail, in the identifiable envelope, and to be received not later than 5:00 p. m. of the night of the Annual Meeting. On receipt of the ballot doubly enclosed, the fact that the sender has voted shall be recorded, and the ballot in the sealed unidentifiable envelope removed from the outer envelope and deposited in a suitable container.

(c) The unidentifiable sealed ballots shall be opened by the tellers appointed by the President of the Pierce County Medical Society, and counted the night of the Annual Meeting.

Section 6. Voting members, not less than five in number, may nominate a member or members for any elective office (to which qualified) of the

Society; such nominations shall be in writing and signed by the members making them, and shall be filed with the Secretary not later than adjournment of the regular meeting in November.

Section 7. The mailing of ballots by the Secretary to all voting members of the Society shall constitute formal notification of the time and place of the holding of the annual meeting at which officers and delegates will be elected.

Within ten days after the holding of an Annual Meeting and its resulting elections the Secretary shall certify the results of the election to the Secretary-Treasurer of the Washington State Medical Association.

CHAPTER V—OFFICERS, THEIR POWERS AND DUTIES

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

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

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

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

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

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

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

(3) To carry on the official correspondence of the Society, including such matters as notifying members of meetings, officers of their election, committees of their appointments and duties, and all notices required by the Constitution and By-Laws or by law. Official notification shall have been deemed submitted when properly published in the Pierce County Medical Society Bulletin.

(4) To keep a roster of all members, grouping the members according to the class of membership held, and noting with respect to each member his

full name, address, date of birth, professional college and date of graduation, date the member was licensed to practice in this state, and such other information as the Secretary-Treasurer of the Washington State Medical Association may require.

(5) To note in a separate record the names of each licensed physician practicing in the county who is not a member of this Society.

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

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

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

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

CHAPTER VI—STANDING COMMITTEES

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

1. Program
2. Ethics
3. Grievance
4. Public Relations
5. Public Health
6. Library
7. House

Section 2. Personnel of Committees: Appointment and tenure. Each of these committees shall consist of at least three members, and are to be appointed by the President; and they shall serve a one year period, excepting members of the Grievance Committee who shall serve three years. In case of a vacancy, the President may make an appointment for the unexpired term. Each Trustee shall be a member of one of the standing committees.

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

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

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

Section 6. Grievance Committee

(a) The Grievance Committee shall consist of three active members appointed by the President and approved by the Board of Trustees. The appointed members shall serve for terms so staggered that in 1954 and succeeding years one member will be appointed each year to serve a three year term. The President shall be an ex-officio member.

(b) Qualifications. Each member shall be an active member of the Society and shall be one of the respected members of the profession who has demonstrated from time to time his interest in questions of an ethical nature. He shall be an outstanding example of sobriety, integrity and good judgment in matters pertaining to the welfare of the profession, the interests of the public, and the furtherance of proper physician-patient relationship.

(c) Duties. The Grievance Committee shall investigate and supervise the ethical department of the members of the Society. It shall review complaints of patients against doctors in regard to fees and other matters. It shall prefer charges before the appropriate body against any physician deemed by it to be guilty of unprofessional conduct.

(d) Power. The Grievance Committee shall have power to adopt rules to govern matters within its jurisdiction subject to the approval of the voting members of the Society. Said rules after approval shall be published in the Bulletin of the Pierce County Medical Society, and shall be binding upon all members of the Society ten (10) days after said publication. Such rules shall conform with the following principles and limitations:

(1) That membership of the Grievance Committee shall not be secret.

(2) Any physician, against whom a complaint may be lodged with the Committee, shall be entitled to a fair hearing before any decision shall be reached by the Committee.

(3) All preliminary and final hearings shall be conducted in private and the source of information,

the charges and the record of all proceedings shall be held confidential except where fulfillment of the decision of the Committee shall require otherwise.

(4) The Board of Trustees shall budget the necessary funds to finance the activities of this Committee.

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

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

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

Section 10. House Committee. The House Committee with the co-operation of the Tacoma District Dental Society shall have custody of the physical properties of the Society and cooperate with the building management in the satisfactory maintenance of the Society's quarters. No article belonging to the Society excepting books and periodicals in the library shall be removed from the Society's quarters without permission of a member of the House Committee.

CHAPTER VII—AMENDMENTS

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

RULES AND REGULATIONS OF THE GRIEVANCE COMMITTEE OF THE PIERCE COUNTY MEDICAL SOCIETY

1. The chairman of the committee shall be elected by the committee, and the president shall notify the membership of the society of the names of committee members.

2. The majority of the committee shall constitute a quorum and the affirmative vote of the majority of those present shall constitute the action of the committee.

3. The committee shall have the power and authority to summon members of the society to appear before it, either in connection with complaints involving the members summoned, or as witnesses in cases involving other members. The failure of any member to respond to such summons without a reasonable excuse shall constitute grounds for preferring charges of unprofessional conduct.

4. Unless in a given case the committee determines that verbatim testimony should be taken, no person other than members of the committee and any witness then being heard will be admitted to any part of its proceedings.

5. Should it become necessary in the opinion of the committee to take verbatim testimony in any case, the committee shall obtain the services of a court reporter. No regular employee of the association will be requested or permitted to take notes or minutes on any such matters.

6. The committee shall receive complaints from any person whether or not he or she be a physician, a member of the society, an employee of the society, a patient of a member, or any other person, lay or professional. Each complaint must be in writing and in duplicate, and the committee shall acknowledge receipt thereof and send one copy to the physician involved.

7. On receipt of each new complaint the physician involved shall be immediately contacted in an endeavor to arrive at an amicable settlement.

8. If the committee cannot bring about a satisfactory and amicable settlement between the complainant and the physician involved, then the committee shall hold a hearing thereon, investigate the circumstances of the case, hear witnesses, and arrive at a decision.

9. The committee by majority vote may consider the case closed, it may make any recommendation it deems advisable, or it may express its advice to the physician involved on any matter pertaining to his professional conduct. The committee shall have no power to expel, suspend, or take any disciplinary action against any member, but it shall have power to recommend to the society that proceedings be instituted within the society pursuant to and in strict accordance with the Constitution and By-Laws pertaining to such disciplinary action. The committee may, subject to the approval of the Board of Trustees, prefer charges against the physician involved before a criminal court or before the Director of Licenses of the State of Washington.

10. Immediately upon reaching a decision, the committee shall transmit a copy thereof to the physician involved and he shall have a period of ten (10) days thereafter in which to accept or reject the same. If accepted, the decision shall become final and shall be consummated or carried into effect as the case may be. If rejected, the physician shall have the right to a review by the Board of Trustees which may direct the committee to retain, change, alter, or amend its decision. The committee shall thereupon prepare its decision in accordance with

such instructions and copies of such decision shall be transmitted to the complainant and the physician involved.

11. Any person feeling aggrieved by the decision of the committee may appeal therefore to the Grievance Committee of the Washington State Medical Association, and the decision of the committee shall be suspended and not executed during the pendency of such appeal.

12. When the matter in controversy relates to the fee charged by a member of the society, the committee shall, by a majority vote, determine a fee which it deems fair and proper. The failure of a member to agree to such determination of the committee, or having agreed to the amount so fixed, failure of the member to abide by his agreement shall constitute grounds for the preferring of charges of unprofessional conduct under the principles of ethics. Should litigation develop, the aid of members of the society shall be withheld from the offending member and will be offered to the patient.

13. The committee will respect the completely confidential nature of any complaint provided that any complainant unwilling to appear personally before the committee will be given to understand that such unwillingness prejudices against the possibility of the committee being able to make a complete investigation. Every complainant will be invited to appear before the committee with the assurance that even the fact of his appearance before the committee, as well as the origin of the complaint, will be kept confidential, provided however, that if any form of prosecution should result, the committee will, of necessity, reveal the names of prospective witnesses, even though these names may include that of the complainant.

14. The decision of the committee and all correspondence pertaining thereto shall be signed by the Chairman of the committee.

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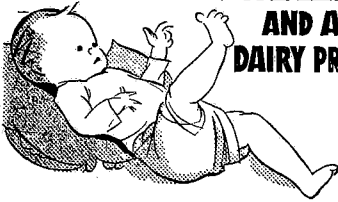
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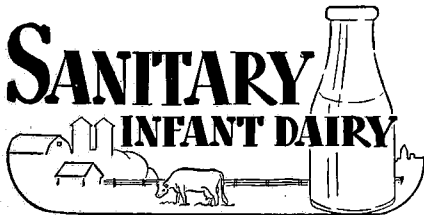


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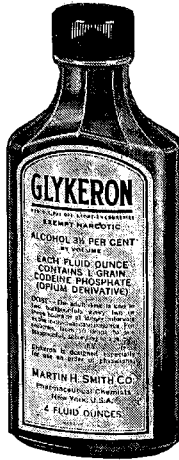
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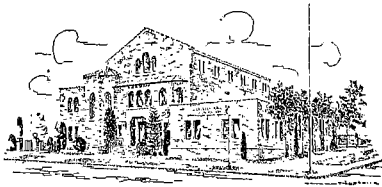
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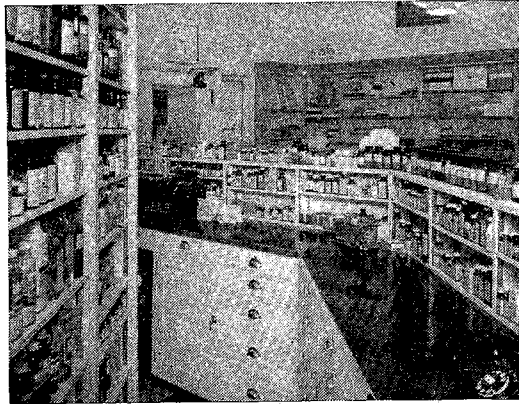
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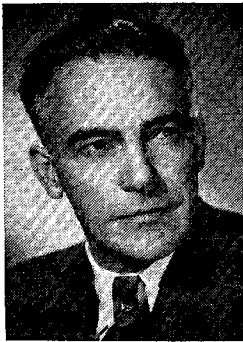


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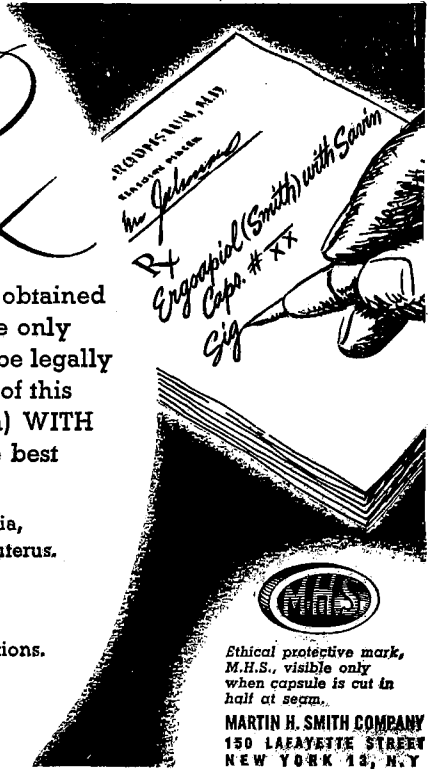
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STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

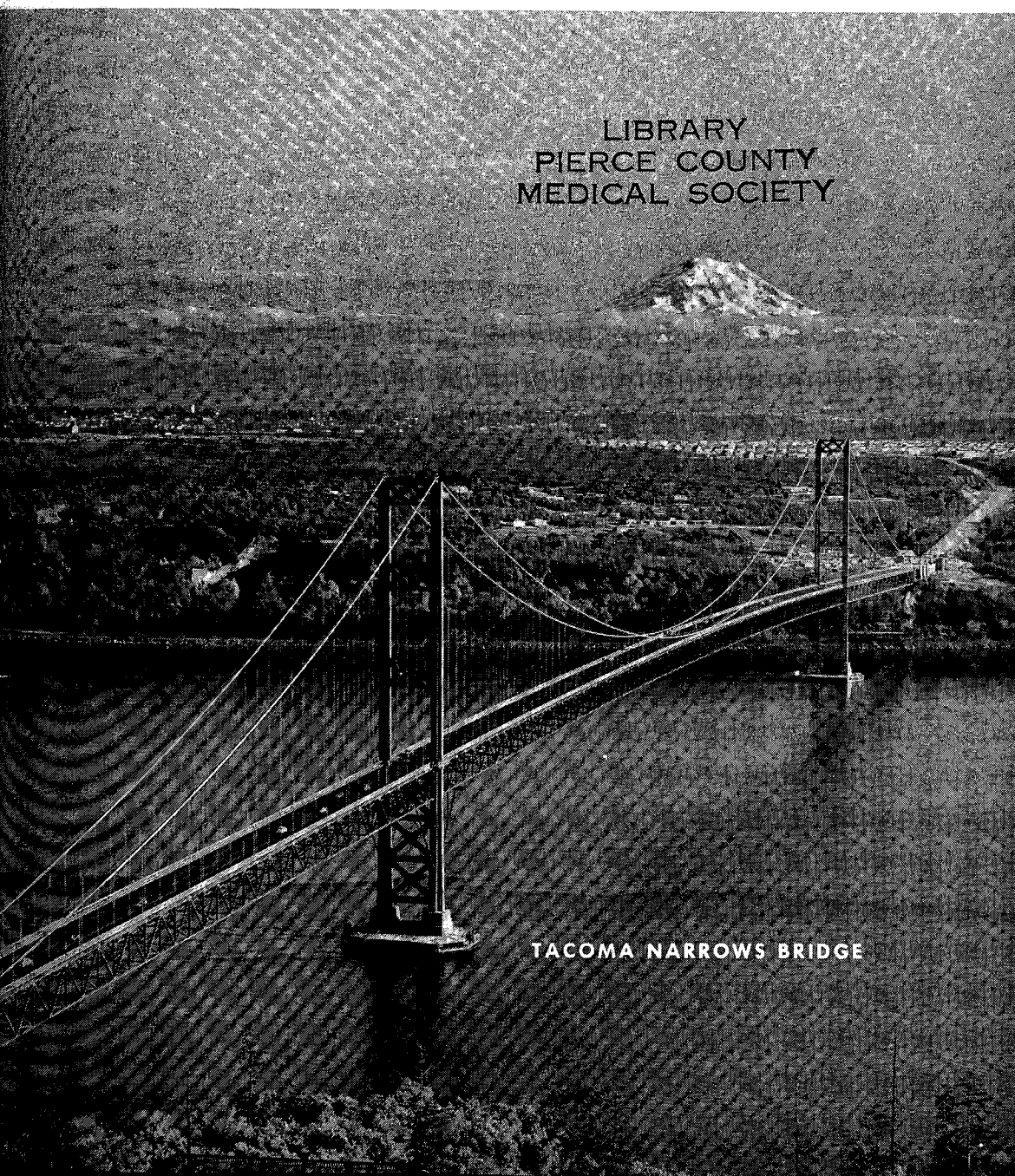
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 8

TACOMA, WASH.

APRIL - 1953

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MEDICAL SOCIETY



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Pierce County Medical Society

1953

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 President-Elect Jess Read
 Vice-President Charles Larson
 Secretary-Treasurer Gerald Kohl
 Executive Secretary Katherine Miller

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G. C. Kohl	Albert Sames
Charles Larson	Frederick Schwind
Jess Read	Warren Smith
G. G. McBride	Robert Lantiere
Miles Parrott	John Flynn

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Bernard Harrington	Chris Reynolds
Frank Rigos	

ALTERNATE DELEGATES

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Louis Hoyer	Glenn McBride
Wendell Peterson	

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Bulletin Staff

Editor	Homer W. Humiston
Business Manager	Katherine Miller
Auxiliary News Editor	Mrs. Horace A. Anderson

Program

Tuesday, April 14, 1953

8:15 p. m.

DR. CHARLES A. EVANS,

Head of the Department of Micro-Biology
 at the University of Washington School
 of Medicine, will speak on:

**"LABORATORY PROCEDURES IN THE
 DIAGNOSIS OF VIRUS AND
 RICKETTSIAL DISEASES"**

NOTICE

Check back page of Bulletin for calendar
 of special meetings

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To The Pierce County Medical Society

The Nominating Committee composed of Hilda Lantiere, chairman, Erma Thordarson, Lorrie Norton, Anita Parrott and Muriel Nelson presented the following slate of officers:

- President-Elect Gladys Hanson
- First Vice President..... Helen Kittredge
- Second Vice President..... Helen Jarvis
- Corresponding Secretary Sheila Brown
- Recording Secretary..... Dorothy Maier
- Treasurer..... Irma Wahlberg

The Volunteer Workers at the Blood Bank in February and March were Mesdames Kohler, Light, Hardgrove, Parrott, Griffin, Maier, Jarvis, Sheppard, Marshall and Hellyer.

Congratulations for Dr. and Mrs. H. A. Anderson. A baby daughter arrived on March 17.

Our next meeting should be of interest to all members. A fashion expert from Lou Johnson's will speak on "Previews of Fashion." The meeting will be a 12:30 luncheon on Friday, April 10th at the home of Mrs. B. N. Ootkin, 9148 Edgewater Drive, S.W. Mrs. Howard Pratt and Mrs. F. J. Schwind are co-chairmen and will be assisted by Mesdames Ross Wright, Louis Hoyer, John Gullikson, Phillip Grenley, Hillis Griffin, Hugh Kohler, Herbert Meier, Richard Rich, Albert Ehrlich, Miles Parrott, Edwin Yoder, Leon Thomas, Michael Irvin, and Jack Lee.

We want to put in a special word of thanks to the Medical Society for the dance last month. Everyone present had a wonderful time!!

At the last meeting there were some changes voted on for next year. One of these is the date of our monthly meetings which will be on the third Friday instead of the second Friday in the hope that more of our Puyallup and Sumner members will be free to attend.

Next years dues will be increased to \$6.50 to include the price of a subscription to Today's Health. Since this will be part of our health education program we hope that you will all pass the magazine on to your friends.

The schools report that the response to join the Future Nurses Clubs has been so large that it will be necessary to enlarge our Nurse Recruitment Committee. We need volunteers for sponsors of these additional clubs so if you can spare the

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- President Elect Mrs. S. R. Lantiere
- First Vice President..... Mrs. George S. Kittridge
- Second Vice President..... Mrs. Robert Gibson
- Recording Secretary..... Mrs. Robert Florence
- Corresponding Secretary..... Mrs. W. Howard Pratt
- Treasurer Mrs. Eugene Hanson

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- Year Book Mrs. Bernard A. Ootkin
- Membership Mrs. Fay Nace
- Publicity Mrs. Horace A. Anderson
- Social Mrs. Thomas A. Smeall
- Program Mrs. Warren A. Heaton
- Telephone Mrs. Mahlon R. Hosie
- Blood Bank Mrs. David Hellyer
- Legislative Mrs. Joseph B. Jarvis
- Today's Health Mrs. Elmer W. Wahlberg
- Public Relations Mrs. George A. Delaney
- National Bulletin Mrs. Robert H. Gibson
- Civil Defense Mrs. Murray L. Johnson
- Nurse Recruitment..... Mrs. Thomas B. Murphy

time and are interested please call either Ruth Murphy or Emma Bonica.

While in Los Angeles last month Marjorie Nace was fortunate enough to take an organ lesson from the famous organist Jesse Crawford.

This "hobby" seems to be increasing in popularity with the Kunz's, Florence's, Nace's and Everett Nelson's all possessing lovely electric organs and taking lessons "like mad"—even the Doctors are becoming quite good and find it a wonderful form of relaxation.

It was suggested that from time to time someone might like to contribute some helpful household hints which we could all use. We received (from an anonymous source) these two, and we pass them on to you.

1. When soft boiling eggs you may prevent cracking by puncturing a hole with a pin in the rounded end of the egg which contains an air sack.

2. Grease spots on garments and furniture are easily removed by covering the spot with talcum powder. Allow it to stand for 24 hours then brush off—the powder will absorb the grease.

If you wish to contribute any "helpful hints" please phone, PR. 6771.

We need volunteers to offer transportation for members to the May meeting which will be held at Greenwood Manor. If you have a car and can take other members will you please call Mrs. Nelson at SK 2408 or Mrs. Nace at PR 0133?

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Tacoma

LETTER TO THE EDITOR

JOSEPH P. KANE
3118 S. 140th Street, Seattle 88

February 9, 1953

Homer W. Humiston, M.D., Editor
Tacoma, Washington.

Dear Homer:

Under the spell of an after dinner pipe I got an idea. Let me hand it to you.

On December 1, the practicing doctors of the Pierce County Medical Society, in the spirit of Good King Wenceslas, gathered their superannuated brethren round the table and feasted them with "flesh and wine." Thinking over that pleasant evening I find one hiatus in the continuity of my recollections: Wasn't there something in the nature of a stage show after the dinner? Dimly I heard Wilmot Reed announce each of the Old Boys and call for a little of the ripe wisdom they had laid by while at the same time getting old enough and rich enough to close their office doors for the last time. But, I can't remember a word that was said.

Whatever was amiss with my hearing it couldn't be the fault of these old raconteurs. (Many of us after the 1st World War took the Y.M.C.A. public speaking course,—fee, \$30.00,—and were afterwards referred to as "the thirty dollar orators.") They had the goods, and their eloquent remarks and cogent reminiscences rang over (*I thenk*) clearly enough to reach the soberest heart. Anyway, for the sake of those whose slightly dissipated powers of concentration, like my own, failed to keep up with these five minute life stories of victory over time and circumstance, I ask that they be "spread," like TIME cover stories, on the pages of our BULLETIN so that we may savour them at our ease. Think of George Kunz struggling with maladies as rare now as the Black Death; and what Tom Long can tell, haunted by politics and murders and morgues. Joe Turner can turn up many things besides a difficult diagnosis, and Darcy Dayton has rich gleanings from his years of caring for little children. And there's Two Gun Buis, our Minute Man on the Hill, who fought for our independence, while down on the flats of South Tacoma was Old George Nace busy in his kindly way, not only with his patients but with the cultural needs of his City. And there are others who have put their stethoscopes and Baumanometers away forever.

These men have a good story in them; let's get it. The trail is blazed, just follow the Laughing Philosopher of the Wabash, "the youth who bore mid snow and ice a banner" that won him the highest accolade in our gift. What a life we got out of his blithesome tussel with Medicine that read like a sports writer's account of a game won by light-hearted courage. Let's quell our envy, we all can't be "Outstanding," and humbly emulating him tell our fellows what sustained us when the going was hard, and what we ask of the leisurely days ahead.

Homer, if you think well of this idea, please round them up, tell how many words you want, and demand at gun point they deliver.

Your old friend,

JOE KANE.

PACIFIC NORTHWEST SOCIETY
OF PATHOLOGISTS

Dr. Emil D. Furrer, Eugene, Oregon, is the President of the Pacific Northwest Society of Pathologists for the year 1953.

The next meeting of the Society will be held in Tacoma, Washington, April 24 and 25, 1953. The meeting will be combined with the Northwest Regional Meeting of the American College of Pathologists.

Dr. William S. Hoffman of the Hektoen Institute for Medical Research of the Cook County Hospital will be the principal speaker. Dr. Hoffman will give three papers as follows:

1. "Fundamental Features of Disturbances of Potassium Metabolism,"
2. "Chemical Findings in Uremia and Their Implication in Management",
3. "Patho-physiology of Lower Nephron Nephrosis."

THAT QUEER ANIMAL: MAN

The following paragraphs written by Professor William Dock, Long Island College of Medicine, are reprinted as a review of one of the classics of modern literature:

"Man's perversions from normal mammalian or even simian behavior make him the scandal of the biologic world. He not only walks erect like birds and the anthropoids, but continues to drink milk all his life, to eat eggs, and to make love at all seasons. He uses drugs such as nicotine and caffeine daily, alcohol and cathartics almost as often, and sometimes to great excess. In the past century he has outdone himself with new perversions. He has increased his maximum velocity of movement from 18 miles an hour to 60 and then to 500, the hazard increasing roughly as the cube of the velocity. He has taken to living and working on mountain tops and deserts; he rises to heights where the barometric pressure is one-fifth normal, and dives to depths where it is ten times normal. Unlike all other mammals, man sleeps on his back, and lies recumbent when ill. Until the Florence Nightingale era the sick usually got up several times daily for elimination, if not for meals; but, thanks to nursing progress, thousands of people now lie recumbent, at absolute bed rest for days, weeks, or months. As with all other perversions from biologic normality, this too must be paid for by discomfort, invalidism, and death.

"The recumbent posture is unphysiologic; it is when long maintained, hazardous to the psyche, the physical well-being, and even the lives of adult patients. Since it is widely used, it claims more lives than all other therapeutic agents put together. It must be thoughtfully applied, promptly discontinued when no longer necessary, and its application must be supervised with meticulous attention to its hazards."

—From Columbus Academy of
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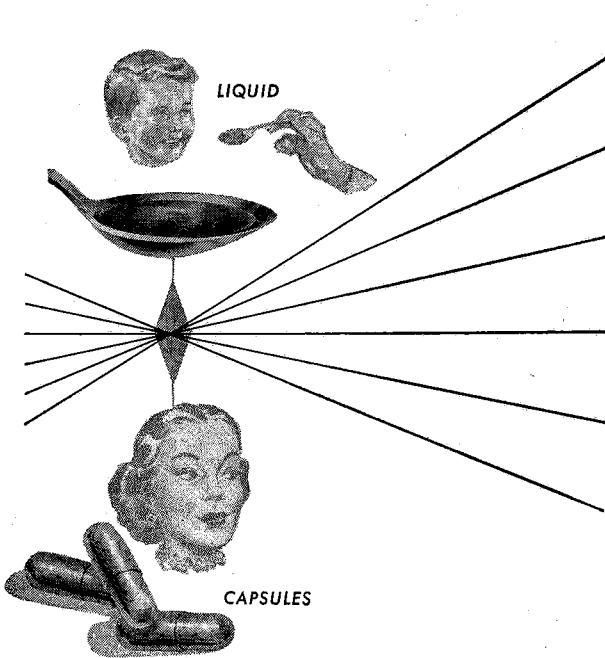
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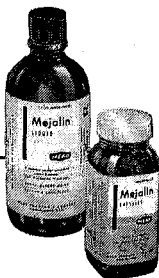
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Thiamine hydrochloride.....	1 mg.
Riboflavin.....	1 mg.
Niacinamide.....	10 mg.
Pyridoxine hydrochloride.....	0.2 mg.
Pantothenic acid*.....	1 mg.
Choline.....	50 mg.
Inositol.....	20 mg.
Vitamin B ₁₂ (crystalline).....	0.33 mcg.
Folic acid.....	0.2 mg.
Biotin.....	0.02 mg.
Para-aminobenzoic acid.....	0.5 mg.
Liver fraction*.....	300 mg.
Iron*.....	7.5 mg.

*Mejalin Liquid contains panthenol and soluble liver fraction N.F.; Mejalin Capsules contain calcium pantothenate and desiccated liver N.F. The 7.5 mg. of elemental iron is provided by ferrous sulfate.



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NOTES FROM THE SOCIETY'S OFFICE

By The Executive Secretary

It may interest you to know how phone calls are handled that ask to have a doctor recommended. It is obvious that no doctors can be actually recommended by us as we work for all the doctors; therefore, a card index was made listing every doctor alphabetically according to his specialty. When a request is made, for instance for a gynecologist, we take out the cards under that heading and read the names of the doctors on the first three cards. The cards of these three doctors are then placed at the back of the file where they await their turn to be used again. Thus a revolving file is kept and complete impartiality is maintained.

oOo

If you are entering, or have recently entered, any of the Armed Services it will be greatly appreciated if you will let the office know, preferably in writing. Likewise if you are entering a residency we want to know. We want to know where you are going, who has taken over your practice and, if possible, how long you will be gone. We will continue to send the Bulletin to you if you will give us your new address.

oOo

If you are planning on traveling this year come into the office and look over the list of conventions

on file. Perhaps you can include one or more in your itinerary.

oOo

In the last two years 125 members of this Society have patronized the library. Some doctors are almost weekly patrons, others have been in only two or three times.

We have adequate funds to buy additional books, and we would appreciate your suggestions. From many sources we hear that our library is an exceptionally fine one, but we aim to make it better. Any ideas?

oOo

Do you know that there are nine periodicals published by the AMA that you may substitute for the Journal at no additional cost? They are:

American Journal of Diseases of Children
Archives of Internal Medicine
Archives of Industrial Hygiene and Occupational
Medicine

Archives of Ophthalmology
Archives of Otolaryngology
Archives of Pathology
Archives of Neurology and Psychiatry
Archives of Surgery
Archives of Dermatology and Syphilology

If you want to make a change please call the office and we will take care of it for you.

oOo

For the benefit of the new members, and for the other members who have forgotten, we want to remind you that we have a notary public service in the office. It is free of charge to the doctors.

oOo

We have several copies of the AMA booklet entitled "Winning Ways with Patients" that we would be glad to give you. This very fine little booklet was compiled for the purpose of advising receptionists and office nurses on the most courteous manner of handling patients in the reception room. It is especially useful to girls who have never worked in a doctor's office before, and we always give a copy to a girl whom we have helped find a position in a doctor's office.

oOo

We have at long last procured a few copies of the State Basic Science and State Board Exam-

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inations. These are copies of the most recent examinations (January, 1953) and may be borrowed from the library.

oOo

We find it interesting that the attendance at this Society's monthly meetings is one of the highest, percentage-wise, of any society in the country. The attendance thermometer that we publish from time to time in the Bulletin is used by many other societies, and ours has been consistently higher than most. We have had requests from executive secretaries of other societies asking for the reason for our success. The answer is, of course, interesting programs and a live-wire membership.

oOo

Twenty new members were elected to membership in 1952, but because of members retiring, and entering the Armed Services and residencies, the active membership remains around two hundred.

oOo

Following are some of the strange requests that have been asked of the office:

Do you have a doctor that practices according to the Reader's Digest?

Do you have an Elk doctor named Swanson? (We were tempted to ask her if her elk were sick, but it turned out that she was looking for a doctor who was a member of the Elk's Club).

What is the difference between three day measles and fourteen day measles? (We resisted the impulse to say eleven days).

Do you have an obstetrician who graduated from Yale. (We don't).

I had my baby by a chiropractor; can I sue?

Will you give me the name of a chiropractor recommended by the AMA.

Please send me **everything** written on antibiotics (This from a student at one of our local colleges).

oOo

It is in all probability not a matter of world shaking importance, but it is with considerable pride that we are able to announce that the Bulletin is paying its own way. After a vigorous campaign to obtain new advertisers, and an adjustment in advertising rates, we have increased the income of the Bulletin to the place where we have a comfortable margin with which to work. We hope that you have noticed our new ads because they and our old faithfuls are the ones who make the Bulletin possible. Please patronize them whenever you can.

In comparison with other county medical society publications (we receive about seventy of them in the office each month) we feel that without undue prejudice we can be proud of our Bulletin. We try to make it interesting, but if you have any suggestions we would be glad to hear them.

oOo

Please pay your dues before April 1st; you will be considered delinquent if you do not.

ABOUT OUR DOCTORS...

Dr. George Race left on February 28th for the Mayo Clinic where he has a three-year residency. His practice is being taken over by Dr. Donald McKay, lately separated from the Army.

—o—

Dr. Robert Murphy gave a paper at the American Orthopsychiatric Convention on February 25th at Cleveland, Ohio. His subject was "The Defense Mechanisms of a Six Year Old."

—o—

Dr. James Lambing of Gig Harbor, entered the Navy on the 12th of January. After two months duty at Bremerton Navy Hospital he will leave for Japan and duty with a Destroyer Division.

—o—

Dr. Joseph Turner, who retired on December 1st, has just returned home from a three-months vacation in the South. He looks wonderful and he is finding his retirement resting easy on his shoulders as he is enjoying every minute of it.

—o—

We are happy to welcome back to Tacoma Dr. William McPhee who spent the last two years in the Service. He is practicing at 5425 Pacific Ave.

SECRETARY'S LETTER

Ask Help On A Tough Job

Dr. Louis A. Buie, Rochester, Minn., and his Council on Constitution and By-Laws are facing a tough and monumental task: that of studying and evaluating the Principles of Medical Ethics of the American Medical Association with a view to recommending changes that will clarify existing misunderstandings.

This is a tremendous job and can hardly be accomplished without the help and cooperation of every one who has a constructive suggestion to make.

Dr. Buie, who is chairman of the council, has asked me to seek the help of each member of the House of Delegates, state and county medical society officers, and others to make specific suggestions for improvements of the Principles or, as one council member put it, "forever hold your peace."

The most controversial sections of the Principles are Section 4 on Advertising, Section 5 on Publicity, and Section 6 on Patents, Commissions, Rebates and Secret Remedies. All of these sections are contained in Chapter I.

Please review these sections, and any others you think should be amended, and send your amendments, written out specifically as you propose them, to me. I, in turn, will transmit the suggestions to Dr. Buie.

A new father was looking at the babies through the window of the infant ward, and it seemed that every baby there was crying.

"Why are they bawling?" he asked the nurse. "Listen," she said severely, "if you were only a few days old, without any clothes, out of a job, and owed the government almost \$1,700 on the national debt, you'd be bawling too!"

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- *U.S. Pat. #2,505,681.

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The Hospitals . . .

ST. JOSPEH'S

Six Doctors have been welcomed as new members of the Active Staff of St. Joseph's Hospital: they are Dr. Joseph Harris, Donald McKay, Alfred Mueller, Robert C. Murphy, Theodore Smith, and Wayne Zimmerman.

* * *

There have been three books reported missing from the Doctors' Medical Library on the first floor. If anyone should discover one lying about, its prompt return would be greatly appreciated.

"Natural Childbirth"—Goodrich.

"The Mask of Sanity"—Cleckley.

"You and Pschyiatry"—Menninger.

* * *

DIETARY DEPARTMENT

The Dietary Department at St. Joseph's Hospital has finished compiling a new Diet Manual, which is now at the printers. We have endeavored to revise the Therapeutic diets according to latest authorities, as well as the use of a new diet form. The nationally approved Exchange Method of calculating weighed diets is also used in the new manual in computing reduction diets.

TACOMA GENERAL

A new record number of bed patients were treated in January, 1953, at Tacoma General Hospital. 1104 patients were discharged during the month, with 177 adults and 31 newborn remaining in the house on the last day of the month.

* * *

New members of the Medical Staff are Dr. Walter Leroy Sobba, Dr. Harlan Page McNutt, Dr. Lowell R. Hughes, Dr. Dale D. Doherty, and Dr. Darwin A. Marlatt.

* * *

Dr. Homer Humiston was guest speaker at the March meeting of the Tacoma Chapter of the Washington State Society of Medical Technologists at Jackson Hall. His topic: "Bacteriology in Urology."

* * *

A member of the Dietary staff, Roberta Schwichtenburg, is one of the Tacoma Princesses for the forthcoming Daffodil Festival.

* * *

Tacoma General Surgeries are being repainted. Pastel colors in a variety of shades are replacing the tired-looking cream color on the walls. Surgeons may soon be directed to the "Wild Rose Room" instead of Surgery 1.

* * *

Miss Elaine Lagos, first floor dietitian, finished among the top ten in the City Bowling Tournament.

* * *

Mrs. Eudora Fulkerson, Chief Dietitian, has copies of the new "Low Sodium Exchange Diet" published by the American Heart Association. This is similar in its set-up to the "Diabetic Exchange

Diet", and is particularly designed to simplify diet-planning for patients.

* * *

Dr. John Bonica and Dr. Philip Backup will attend the meeting in Los Angeles of the American Society of Anesthesiologists, April 8-10. Dr. Bonica will go from there to Phoenix to attend the oral examinations of the National Board of Anesthesiology of which he is a member.

* * *

Proud father is George Yatkowitz, X-ray Technician. His first child, Barry Joseph was born on March 20th.

* * *

Tacoma General Hospital extends congratulations to Dr. and Mrs. Horace Anderson on the birth of a daughter, Kathryn Shelley, on March 17; and to Dr. and Mrs. Richard Berg on the birth of a son, Kim Richard, on March 7.

PIERCE COUNTY

Mrs. McKibbon of Social Service entertained at a shower for Miss Enid (Patti) Dailey, also of Social Service. Miss Dailey will soon become the bride of Mr. Allan Craig of Fort Lewis.

Miss Esther Garthwaite and Miss Patt Stephens are new members of the office force in Social Service.

Dr. and Mrs. John Erickson are the proud parents of a baby girl, Carol Ann, born on February 6, 1953. The new arrival joins a sister, Cherie Lynn, and a brother, John Stanton. Dr. Erickson is resident physician at Pierce County Hospital.

Mr. S. M. Wilson of Billings, Montana is moving to Tacoma to make his permanent home with his daughter, Mary Wilson, of the X-ray department.

Word has been received from Dr. Joseph Pollard, one of last year's Pierce County Hospital internes, that he is now doing his residency in surgery at Highland Hospital in Rochester, New York.

Mrs. Williamson, of Social Service entertained at her apartment in honor of Gloria Henn, who left recently with her husband to make her home in Minneapolis.

Reds Rule on Illegitimacy

Hong Kong (UP)—The Chinese Communists have decreed that there shall be no more illegitimate babies in China, according to local press dispatches from the mainland.

The dispatches said that babies born out of wedlock or to mothers who divorced the babies' fathers should be called "children of the revolution," which apparently will be without stigma.

Children of divorced parents may take either the mother's or father's name, the dispatches said. If the child does not like either one, he may "adopt the biggest name in the local village as his or her own."

THE MAGNUSSON REPORT HIGHLIGHTS

Momentous Changes. The report of the President's Commission on the Health Needs of the Nation recommends that the federal government take the lead in bringing about a series of momentous changes that would affect virtually every phase of medical activity. The cost would be about \$1 billion more annually, which the Commission says the country cannot afford not to spend. Under Doctor Paul Magnusson, the Commission has been surveying medical problems for the last year. Made public December 18 was the first volume, containing all recommendations.

Cabinet-Rank Department. The Commission decided that the inter-relationship between federal health functions and general security functions "... is so fundamental that it indicated the desirability of combining" them. (Commissioners Everts A. Graham and Russell V. Lee dissented, urging instead a cabinet Department of Health.) Also at the top level would be a permanent Federal Health Commission, whose duty it would be to observe and report annually on all health matters.

U. S. Prepayment Plan. The Commission accepts the present prepayment plans as the most feasible vehicle for eventually bringing comprehensive medical protection to almost everyone. The administrative mechanism would be a federal-state program under which a single state health authority would draw up an overall state plan for using all available services and facilities, operating through local or regional health service authorities. The local prepayment plan would be the basic financing unit.

No Genius. On medical service organization, the Commission expresses its findings as follows: "The genius for organization, so characteristic of American life in general, is conspicuous in health services by its absence... the lack of organization that prevails in medical practice is the despair of the industrialist and the labor leaders." The report recommends:

For General Physicians—Their education, training and economic status should be studied and redefined; ways must be found to extend hospital affiliation to them or both doctor and patient will suffer.

For Specialists—Much greater emphasis on group practice. The report states: "We believe fundamentally that group practice offers a desirable method of providing medical services, properly organized and administered, so as to avoid the exploitation of one physician by another or by controlling hierarchy, and geared toward practicing the highest quality of medicine."

Public Health—Federal grants totaling \$60 million annually are proposed to help in establishing, maintaining and expanding the operations of local public health departments.

Hospitals. Establishment of medical centers in hospitals is strongly advocated. The report says: "The hospital of tomorrow should be a well-rounded health center from which preventive, diag-

nostic treatment rehabilitation and home care services radiate to the entire community. It should be the center of the physician's professional life, providing laboratory and X-ray facilities for his use... in the interests of preserving and increasing our national health we can and should be satisfied with nothing less." These facilities, plus group practice clinics, would form a nation-wide network, largely sustained by local prepayment insurance underwritten by the U. S.

Shortages. The report is uncompromising on personnel shortages. It concludes: "There are not enough general physicians... pediatricians... faculty members... specialists of all types with possible exception of surgeons... mental and tuberculosis hospitals are critically short of staff... growth of prepayment plans and extension of preventive medicine will increase the demand for physicians... No matter what is done, we expect continuing shortages in the next few years." The Commission proposes \$100 million annually in federal grants to medical restriction as to purpose. However, there must be no federal control over the curriculum or administration of any school, or the admission of applicants, except as they may be necessary to maintain minimum standards, and "... any federal grants should supplement, not replace state appropriations and private gifts, and should not exceed a designated percentage of a school's total operating budget."

The United States Penitentiary at McNeil Island has a DeForest Dynatherm complete with accessories and considered in good condition which they are offering for sale. For further information call the office, Market 2020.

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of February 21, 1953 to March 20, 1953, inclusive:

Chancroid	1
Chickenpox	160
Erysipelas	1
German Measles	104
Gonorrhoea	23
Impetigo	1
Influenza	98
Measles	70
Meningitis	3
Mumps	62
Pneumonia	25
Ringworm	8
Scarlet Fever	85
Septic Sore Throat	2
Tuberculosis	11
Vincent's Disease	2
Whooping Cough	13

Worry is like a rocking chair—it gives you something to do but won't help you get any place.



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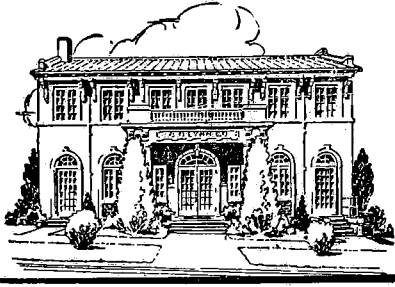
“Because the tablets are formulated for q.i.d. dosage. They do not interfere with meals or interrupt my patients’ sleep . . . and an average day’s treatment is only ½ the cost of the newer antibiotics.”

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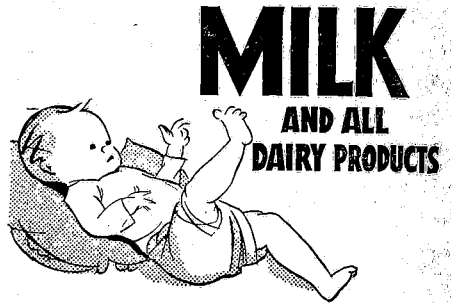
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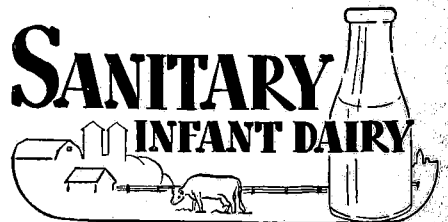


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Facts About A.M.A. Dues for 1953

The following information on membership dues for the American Medical Association for 1953 has been compiled by the office of the Secretary of the American Medical Association.

1. American Medical Association membership dues for 1953 are \$25.

2. Fellowship dues for 1953 have been abolished.

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

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

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

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

The following may be excused in accordance with this provision: (a) members for whom the payment of dues would constitute a financial hardship as determined by their local medical societies; (b) members in actual training but not more than five years after graduation from medical school; (c) members who have retired from active practice; (d) members who have reached the age of 70, on request and starting January 1 following the 70th birthday, and (e) members who are called to active

duty with the armed forces (exemption begins July 1 or January 1 following entrance on active duty). The last two categories are excused from A.M.A. dues regardless of local dues exemptions.

7. Active members of the American Medical Associations are not excused from the payment of American Medical Association membership dues by virtue of their classification by their local societies as "honorary" members or because they are excused from the payment of local and state dues. Active members may be excused from the payment of American Medical Association membership dues only under the provision described in paragraph 6 above.

8. American Medical Association membership dues include subscription to The Journal of the American Medical Association. Active members of the Association who are excused from the payment of dues will not receive the Journal except by a personal subscription at the regular subscription rate of \$15 a year.

9. Members may substitute one of the special journals published by the Association for The Journal to which they are entitled as members.

10. A member of the American Medical Association who joins the Association on or after July 1 will pay membership dues for that year of \$12.50 instead of the full \$25 membership dues.

11. An active member is delinquent if his dues are not paid by June 1 of the year for which dues are prescribed and shall forfeit his active membership in the American Medical Association if he fails to pay the delinquent dues within thirty days after the notice of his delinquency has been mailed by the Secretary of the American Medical Association to his last known address.

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

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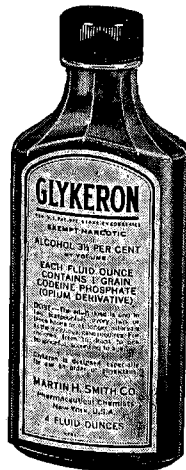
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HEALTH DEPARTMENT TACOMA PUBLIC SCHOOLS

Since some changes are being made in the Health Services in the Tacoma Schools, it is hoped the following statement will provide information that may be of interest, and that it may be useful in coordinating the Health Services with the work of the physicians of Tacoma.

The general objectives of this department can be expressed by the term, "Promotion of Health."

For our needs and purposes, as a Public Health Agency, we may accept the definition of health as used by The World Health Organization—"Health is a state of complete physical, mental and social well-being."

Authorities in Education and in Medicine agree that "All children should be under continuous medical supervision." The Health Department of the Public Schools cannot maintain such supervision, which is a responsibility of the parents in cooperation with the family physician—but the department can contribute to medical supervision by:

1. Finding and referring to family doctors and dentists, all children with physical defects and needing medical or dental care. When professional medical or dental care cannot be provided by the family, the needed care should be secured through "Welfare" or other agencies. Nurses need the aid of teachers in finding such medical and dental defects, through teacher's observations, weighing and measuring periodically, and selection for visual and audiometric testing.

2. Developing a program of physical examinations of all school children by the family doctor. These examinations are necessary to inform the physician and the parents of the child's physical needs, and should be repeated periodically, to enable the doctor to maintain a continuing supervision. Reports of these examinations by the family doctor, "Every year, or at least every alternate year" are desired by teachers in the schools, to aid in their appraisal of each child and his needs. However, such frequency of examination may be difficult for some families; for this reason, a program providing examination by the family doctor every three years, on entering school in the first grade or kindergarten, and at the fourth, seventh, and tenth grade levels is being attempted and should become an established procedure.

Forms supplied by the schools should be used by the examining doctor, and on completion these forms returned to the schools. Any reported deviation from the normal will be entered on the health card, and the form placed in the child's folder as part of his school record.

It is hoped that these examinations, besides being an approach toward continuous medical supervision and providing the needed evaluation for the schools, will:

1. Provide an opportunity for health teaching of parents by the family doctor,
2. Demonstrate to the family the value of the continuing use of the family doctor.

The pupil's health card should show any defects found by the school nurse and a notation of any subsequent correction. Also, the child's weight and height is to be recorded on the health card by the teacher in October, February, and May each year. Marked deviation of weight or height from an average rate of increase, should be noted for investigation. (Children in elementary grades increase four to six pounds in weight and two to two and one-half inches in height annually).

A program is being developed for finding individual children in the schools who present grave problems interfering with learning and well being. These children's problems are being evaluated, and every effort made to aid the child in readjustment in school. This program includes joint effort of teacher and nurse in finding the problems, and a visit to the schools by the director of health for the purpose of examination of the child and a conference with the parent, the teacher, and the nurse. The services of the guidance counselor will be required in most instances. Correction of some problems will need referral to the family physician, and through him to various specialists as needed. Many problems of children are due to insecure home conditions which may be difficult to correct. However, every possible resource should be employed, if needed, to improve conditions for the child.

All handicapped children in the schools must be found, and appropriate care provided through the family doctor or other services. If the handicap cannot be cured, care should be given through various agencies to enable the child to live with his handicap to the best advantage.

The immunization of school children against communicable diseases, such as smallpox, diphtheria and whooping cough, is usually accomplished during the child's first year. The health services will survey the entering records of the kindergarten and first grade children to determine which children have not received such immunizing treatment. Vaccination against smallpox, and the usual three injections of diphtheria, whooping cough, and tetanus toxoids, with a supplementary injection one year later, will be administered by the health services to all children entering school who cannot be so treated by the family doctor or by a public health agency. These treatments in the schools are contingent on consent being given by the parents of such children. Effort should be made to discourage parents from waiting for such treatments in the schools.

The director of health should contribute to health teaching in the schools by conferences to discuss courses of study with curricular and other staff personnel, and to aid in selecting text and reference books used in health teaching.

The director of health must evaluate the physical fitness of all students of Junior or Senior High Schools who will participate in competitive athletics. Also, he is responsible for a physical evaluation of all teachers who enter the staff or who re-enter after a ten day absence. State Health Regulations require all teachers and others who are in contact

with children in the schools to have an x-ray examination of the lungs periodically. The director of health must enforce this regulation.

The Health Services carry on these various functions with the aid of Public Health Nurses, ten in number, who are constantly in the schools. Each nurse looks after the welfare of from two thousand to two thousand five hundred children. She finds the physical defects and reports them to the parents; she observes and inspects the children for contagious diseases; she is available for first aid in the schools and, when parents are not available, may take the sick or injured child home or to the doctor's office or hospital. She does health counselling with parents and pupils and health teaching with parents. The nurses arrange for all physical examinations in the schools, and assist the director of health in these examinations. They administer the immunizing "shots" under his direction. The nurse must frequently make home calls to investigate a possible illness preventing the child's attendance at school. Also, she must make frequent and often repeated contacts with parents in an effort to secure needed medical or dental care for children under her care.

A health council has been organized in the schools. This group is headed by the superintendent and is made up of a few members of the administrative staff, and a larger number of principals and teachers from the various schools and includes physical education and health teachers, plus representatives from the health services. This group will serve in an advisory capacity and will assist in formulating policies for the health services and especially will be invaluable in securing cooperation between the education and the health groups.

D. M. DAYTON, M. D.,
Director of Health,
Tacoma Public Schools

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Winston Churchill has a political bear by the tail in socialized medicine. He couldn't drop it now, even if he wanted. The system is growing. Nine doctors in 10 take part; 48 out of every 50 Britons are customers of public health. Socialized medicine turns out to be inefficient, hit or miss and dangerously costly. But the voters seem to love it.

London—It is clear now that socialized medicine is here to stay in Britain.

Winston Churchill is finding that the slightest bit of tinkering with the system costs votes. After Conservative Party setbacks in recent local elections, he shook up his cabinet and brought in a new Minister of Health to handle the program that assures everybody of tax-paid medical care.

The fact is that the health program Churchill inherited from the Socialists has Britain's politicians over a barrel. Some of them say the cost is driving the country toward bankruptcy. And the system itself is shot through with inefficiency. But public health is so popular that any move to end it, or even to trim it, invites political disaster.

"Public reaction to socialized medicine shows why politicians are wary about curtailing the system, even in the face of mounting costs. There is an urge in the lower and middle income groups to "get something" out of the system. Most people are more impressed by the fact they get no doctor bills than they are by the delays and red tape that often go with public-health treatment."

After nearly 4 years of experience, there is no serious agitation to return medical care to private practice. Roughly 90 percent of all family doctors are enrolled in the health service. And 48 out of every 50 Britons are getting their doctoring through the public program.

A close look at public health shows some of the problems Mr. Churchill is up against if he ever tries seriously to desocialize in Britain.

Cost is a major concern. The Socialists, when they started the plan, guessed it would cost about \$12 per person annually. Real per-capita cost now is near \$26, and it is still rising. The system is eating up more than \$1,000,000,000 of general tax revenue each year.

There are only the slightest signs of any let-up in the public demand for medical care. Requests for spectacles and false teeth are slackening, now that the patient has to pay half the price. But the national appetite for tax-paid pills and medicines seems almost out of control. Hospitals are so jammed that 175,000 patients are on the waiting lists for nonemergency operations.

Family doctors are working under heavy pressure. Thousands of them are caring for the maximum of 4,000 regular patient allowed by the law. A recent poll shows what they are up against:

A typical family doctor is working a 50-hour week now. He sees about 30 patients in his office and half that many on home calls. New patients re-

quiring examinations may get 10 or 15 minutes with the doctor. Old patients can get a prescription in 3 or 4 minutes.

Many overworked doctors are adopting short cuts to handle the crowds. Some leave signed authorizations for eye examinations and spectacles in their waiting rooms where patients can pick them up. When an abscess needs lancing or a sprained ankle needs taping a family doctor in a hurry often sends the patient to the hospital after a brief diagnosis.

So far as it can be measured, however, the trend among doctors is to go along with socialized medicine. For 2 years before the program started professional organizations agitated against it and even tried, unsuccessfully, to rally their members to a general boycott. There is no such talk now, nor is medicine losing out as a popular profession. Medical schools are packed.

The doctors are buoyed up at the moment by a substantial boost in pay. A typical country doctor with 2,000 patients has been getting about \$4,800 a year, before deducting expenses of about 38 percent. Under a new cost-of-living award he is to get about \$5,600 a year. Specialists on full time with the health service are getting from \$4,760 to \$7,700 plus annual merit awards ranging from \$1,400 to \$7,000. They also are to get an increase.

Hospitals are the most acute problem in the health program, from a financial stand point. The average cost per hospital bed occupied in London was \$31.25 per week in 1947. Now the figure is almost double, and many institutions are hopelessly overcrowded. An estimated 10,000 tuberculosis patients are eligible for hospital treatment, but they often have to wait from 2 to 10 months before room can be found for them.

As to skyrocketing costs, one study blames the new hospital managers. "There seems to be almost a race to see how many improvements they can make in the shortest time, without regard to means."

Medicine for nonhospital patients is being passed out over the prescription counters in almost carload lots. Government money flowing into the drug industry to pay for public-health prescriptions has reached such proportions that some Socialists are saying the industry itself ought to be nationalized. About 5,000,000 prescriptions a week are being filled—double the rate before 1948—and they cost the Government around 50 cents each.

In the beginning, planners figured the British public would average about three prescriptions per person annually. They were way off. Take this example: In Hull, England, with a population of 300,000, the 114 doctors issued 600,000 prescriptions in the year before socialized medicine started. In the first year of the new program, prescriptions shot up to 1,700,000.

The Government now makes a nominal charge of 14 cents per prescription for all patients except those on public welfare, war-connected disabilities. But the prescription trade has not slackened.

Physical aids and appliances are in less demand. At the beginning, Britons rushed for tax-paid spectacles at a pace exceeding 8,500,000 pairs a

(Continued on Page 23)

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(Continued from Page 21)

year. Since mid-1951, they have had to pay half the price of their eye-glasses, with the result that demand has leveled off at about 5,000,000 a year.

The same thing is true in the case of false teeth. Since the patient has been required to pay half, demand has eased off to below 1,500,000 set a year.

Dental care, slowing down a bit after the initial stampede, still represents a big share of the health program. Ten out of 11 British dentists are treating public patients. Thousands of them devote full time to the work.

In the whole health program, charges of professional wrongdoing are comparatively rare, but it is the dentists who are most often in trouble. Some have been accused of overprescribing false teeth, for which they are paid the equivalent of \$25 a set, of extorting fees and other irregularities. About 100 dentists have been fined. A few have been barred from the service.

One result of the health program has been to reduce regular dental checkups in the schools. Many salaried dentists who formerly devoted full time to school examinations have quit for the better pay that goes with public practice. A school dentist usually earns less than \$2,800 a year. The same man can double that amount caring for public patients.

The absence of bills does not mean, of course, that socialized medicine is free. The system is financed by the taxpayers themselves, whether they use it or not. Eighty-six percent of the cost is met by general tax revenue. Payroll taxes deducted for social security pay an additional 10 percent and the balance comes from local property taxes.

The basic issue that the Churchill government is up against now is the question of just how much the country can afford to spend for health.

The Labor party, which established the health program in the first place, has been showing more and more strength in public-opinion polls and in local elections lately. Its leaders have announced officially that if the party is returned to power it will cut the few direct charges patients now pay and return to 100 percent socialization.

The Socialists intend to restore a system that is wholly tax-paid on the ground of social justice—that full treatment should be equally available to everybody—even though some authorities insist the expense of public health already is outrunning the nation's capacity to pay.

On the other hand, Churchill's Conservatives, in charge of the program now are not inclined to do anything drastic about curtailing it—either in cost or in the scope of the services available. Just touching the system causes political explosions the party cannot afford.

Socialized medicine in Britain has turned out to be so potent politically that it is going to be continued, whatever the cost.

—Industrial Review

PIERCE COUNTY SPASTIC SOCIETY

The Pierce County Spastic Society is requesting the aid of the medical profession in acquainting the community with the valuable service offered to pre-school children with orthopedic handicaps by the Tacoma-Pierce County School for Crippled Children. Children from three to six years of age are accepted on a half-time basis for physical, occupational and speech therapies, and the therapists are also available for consultation regarding the training at home of children under three.

Mrs. Dorothy Johnson, school counselor, will interview parents who call the school, BR. 4513, for an appointment. The School is a unit of the public school system and is temporarily housed on the ground floor of the First Congregational Church, 211 South J Street. At present pupils are enrolled from Tacoma, the Puyallup Valley area and the Lakes district.

MAKE IT BRIEF

(The following article is printed with special permission of the copyright owners; other publications will please not reprint.)

It looks as if the long word has had it. The cult of the short one, started, or at any rate revived, by the Fowler brothers, had had a strong boost in the works of Sir Ernest Gowers, that formidably unprevaricating archprotagonist of antisesquipedalianism. The jet age has no time for arabesques in language or in art, and the baroque and rococo are gone with the wind.

Away with such useless lumber as adjectives, articles, conjunctions and prepositions! Let's see the naked beauty of the noun, especially the monosyllabic one, articulable in a trice as we and the train we must catch arrive simultaneously at the station bookstall. Let's call our magazine *Life*, *Time*, *Girl*, *Mind*, *Brain*, or *Blood*. Take for instance that old stage-coach, the *Proceedings of the Society for Experimental Biology and Medicine*; dare we suggest *Frog* as a breath-saver? And would the *Journal of Pathology and Bacteriology* contemplate *Death* or entertain *Bugs* as an alternative? *Family Doctor* would soon be out of the red with a title such as *Pep*, *Zip*, or *Zest*, and the *Provincial Medical and Surgical Journal* might shed its interim guise of *British Medical Journal* and appear as *Doc*. Our senior clinical journals would take a new lease of life under names like *Ache* or *Pain*, *Cut* or *Slash*, and *Womb* or *Birth*. To the gastroenterologists we recommend *Tripe* or *Guts*, to the physical medicine men *Rub* or *Tap*, and to the rheumatologists *Damp* or *Wet*. The social medicine people may be grateful for *Fog*, and the hospital administrators for *Tape*.

So far as we can see, the only catch about all this is the risk of getting something you don't want, for publishers and detergent makers are running neck and neck. Therefore be sure to buy at a bookshop, otherwise you may get soap for the body or its wrappings and not for the mind. Don't forget there's a world of difference between *Time* and *Tide*.

—The Lancet, Jan. 24, 1953.

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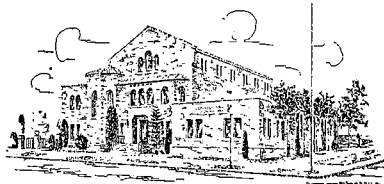
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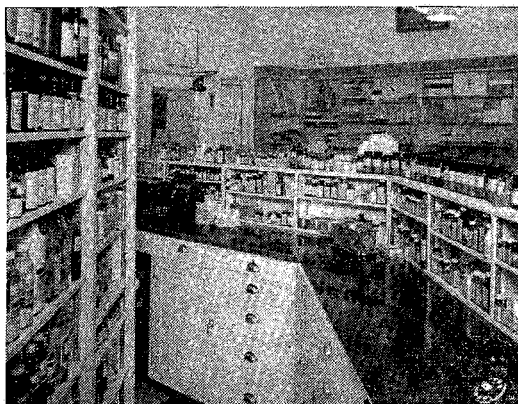
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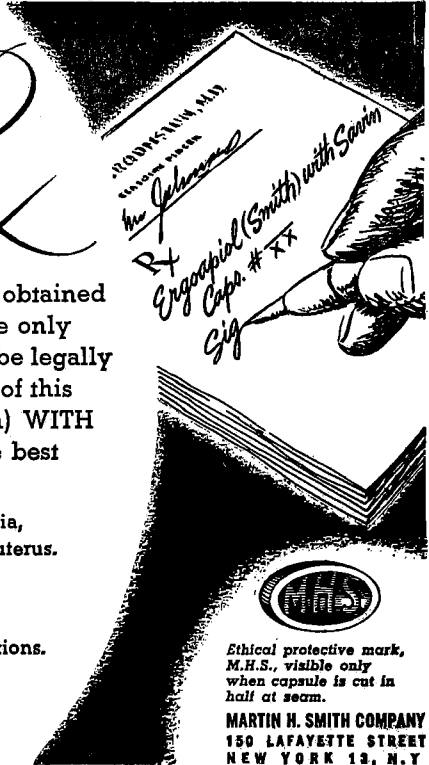
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Third Tuesday of each month—6:30 p.m. at Tacoma Club

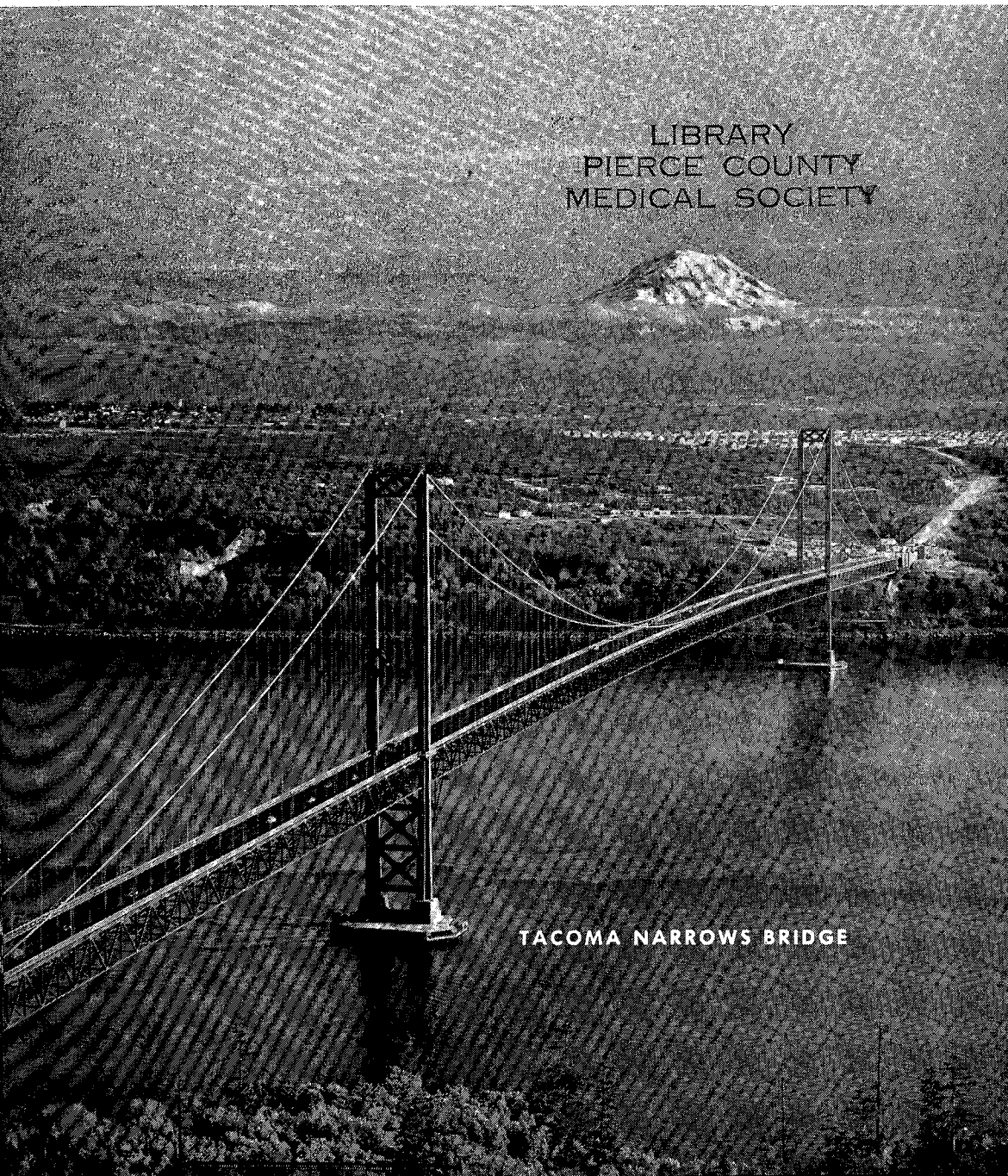
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 9

TACOMA, WASH.

MAY - 1953

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1953

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Auxiliary News Editor	Mrs. Horace A. Anderson

Program

Tuesday, May 12, 1953

8:15 p. m.

DR. RODERICK MURRAY

of the National Institute of Health
Bethesda, Maryland, will speak on

"THE WORK BEING DONE ON SERUM HEPATITIS"

This will be the last meeting
until September.

NOTICE

Check back page of Bulletin for calendar
of special meetings

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Editorially Speaking . . .

ONE THIRD OF A LOAF

There is an old song which said, "I've waited Honey, waited long for you." The medical profession has hopefully waited far longer, probably since about 1870, for the time to arrive when there would be a Secretary of Health in a Presidential Cabinet.

Always there has been envisioned a physician of high professional standing and of proven administrative ability for that important post: the profession's spokesman and national advisor. For the past twenty years that project has been quiescent but with the prospect of a new administration, hope soared high in the hearts of the profession.

Overwhelmingly partisan during the last campaign, the doctors gave liberally of their time and finances and had every reason for expecting to receive their long awaited due, a Cabinet post of Secretary of Health. But practical politics has devious ways not found in Osler, Tice or Cecil, and the Lone Star State regarded their tidelands oil with fervent, if not generous ownership.

As late as last December, a national medical spokesman urged the appointment of a Secretary of Health but Washington failed to hear his request. On April 1, there was created a Department of Health, Education and Welfare, replacing the Federal Security Administration. The next day the name of Mrs. Oveta Culp Hobby, Executive Vice President of the Houston, Texas Post, was sent to the Senate for confirmation. This was accomplished on April 10, and the next day Mrs. Hobby was sworn in as Secretary of Health, Education and Welfare.

Perhaps our legislators think physicians and their health interests are to a large degree able to fend for themselves; they believe that education definitely needs a friend in court and they know with certainty that the rising tide of welfare department numbers demands political consideration of high priority. Perhaps with something like that in mind our legislators decided it was politics to split the new cabinet post three ways: Health, Education and Welfare; at least that is what they did.

The A.M.A. says what has happened "is a step in the right direction," while, at the same time, reaffirming its stand for a future independent Department of Health. Until that day arrives, and it will probably be a long time coming, we must remain reconciled to "one third of a loaf."

—LEWIS HOPKINS, M. D.

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We are happy to announce that Dr. Lewis A. Hopkins has again taken over the editorship of the Bulletin. This is his third tour of duty in this capacity and we know that the quality of the Bulletin will reflect his good judgment and taste. Our recent editor, Dr. Homer W. Humiston, has our best wishes for success in his new position as city councilman; we know that we will have cause to be proud of him.

The Managing Editor.

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Vitamin B ₁₂ (crystalline).....	0.33 mcg.
Folic acid.....	0.2 mg.
Biotin.....	0.02 mg.
Para-aminobenzoic acid.....	0.5 mg.
Liver fraction*.....	300 mg.
Iron*.....	7.5 mg.

*Mejalin Liquid contains panthenol and soluble liver fraction N.F.; Mejalin Capsules contain calcium pantothenate and desiccated liver N.F. The 7.5 mg. of elemental iron is provided by ferrous sulfate.



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National Bulletin	Mrs. Robert H. Gibson
Civil Defense	Mrs. Murray L. Johnson
Nurse Recruitment.....	Mrs. Thomas B. Murphy

days. It will have mixed itself and be ready for use when opened.

To remove ink stains from fingers, moisten stains, rub with sulphur end of a match and wipe with dry cloth.

This issue, I think, winds up my duties as publicity chairman with thanks to all who generously contributed items, and apologies for my inadequacy as a journalist. All of which makes me thankful I discarded thoughts of a newspaper career while in high school.

Greenwood Manor will be the setting for our last meeting of the spring. As usual it is a no-host luncheon and will be at 12:30 instead of 1:00 p. m., on Friday, May 8th. Mrs. Thomas Smeall is chairman and will be assisted by Mesdames E. E. Banfield, John Flynn, Robert Florence, and J. L. Vadheim. There will be installation of new officers followed by a program entitled "Our State—Nature's Wonderland at Your Doorstep" presented by the Washington State A.A.A.

If you are in need of transportation or can give someone a ride to the meeting please call Marjorie Nace at PRoctor 0133. The address of Greenwood Manor is 10815 Greendale Drive SW, and for directions watch for arrows after passing Clover Park fire station.

Nurse Recruitment Week is scheduled for May 11th to 17th. Nurse Recruitment Sunday will be May 17th with Open House at Tacoma General School of Nursing, Jackson Hall. Invitations are being sent to all members of Future Nurses clubs and their parents, and to any other girls interested in nursing. There will be a program at which time scholarships will be presented to a student nurse from St. Joseph's and Tacoma General Hospitals. Many women from various fields of nursing will speak, and the American Legion Band will play march numbers. Refreshments will be served after the program. During Nurse Recruitment Week there will be radio interviews on KTNT and KMO, and also a television interview on Channel 11.

Now is the time to start saving rummage for our fall rummage sale which will again be our big money making project of the year.

Special thanks to Oleva Jones who did the publicity last month while your editor whipped over to T.G. and had an eagerly-hoped-for daughter.

Congratulations to Hugh and Charlotte Larkin on their eighth baby, fifth boy, who arrived recently.

Louie and Reg Govan have been soaking up the sun at Las Vegas and trying their luck at the gaming tables the past two weeks.

Dr. George and Gladys Delaney are spending several days in Los Angeles, traveling south by plane to attend the wedding of their son, Sergeant James A. McDonough, of the U. S. Marine Corps. Their eldest son, John McDonough, a student at Creighton Medical School also flew to California to attend his brother's wedding.

Our appeal for more household hints brought forth the following: A coat of transparent shellac on cook book covers will keep them fresh and new looking.

When buying a new can of paint do not open to stir—set it upside down and leave for several

Karen Rynning

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NOTES FROM THE SOCIETY'S OFFICE

By The Executive Secretary

The Society is the proud owner (in conjunction with the Dentists' Association) of a brand new moving picture projector and speaker. We bought the very finest that we could afford and are looking forward to some interesting movies to be shown at the meetings.

oOo

We also bought a duplicating machine for use in the office. This will obviate the necessity of sending any mimeographing out. Considering what we have paid to have it professionally done previous to this purchase we are confident that the machine will pay for itself in two years.

oOo

We are going to have all the back copies of the Pierce County Medical Society Bulletin bound (twenty-two years of continuous publication) and we are making what we are afraid is a vain plea: does anyone just happen to have a copy of the Bulletin for September, 1931? It is the only copy that is missing and if necessary we will bind the issues without it, but we would like to have it complete. Please call the office if you have a copy of this date.

oOo

There is a very interesting article in the April 4th edition of *Lancet* on *Sitting Down to Surgery*. If you are interested, purely for academic reasons, of course, come in and we will show it to you.

oOo

We would like to explain our attitude about people outside of the medical profession using the library. It has always been our policy to assist students, both college and high school, and the rare other person who is working on a paper for a club, but we do not allow members of the laity to use the library at will. We do not feel that it is sensible for people to look up their own symptoms and prescribe for their illnesses from books in our library and while we have had a few disgruntled visitors because of our stand on the matter they have been fortunately rare. The only exception that we make is when the person has a note from his doctor asking that the patient be given help in the library. In these cases we are only too happy to assist, but we feel that an indiscriminate use of the library by the laity is not wise.

oOo

We have two new books in the library diametrically opposed to each other in subject, but both excellent interpretations in their fields. One is *An Atlas of Surgical Exposures of the Extremities* by Banks and Laufman. Dr. Banks is Associate Professor of Orthopedic Surgery at Northwestern and Dr. Laufman is Associate Professor of Surgery and Director of Experimental Surgery also at Northwestern. The book has many illustrations and is considered one of the finest in its field. The other new book is *Encyclopedia of Aberrations*

edited by Edward Podolosky, M.D., of the State University of New York Medical College. Would you like to know what "Kakorrhaphiophobia" means? Or something perhaps, on the Peculiar Phenomena in the Intermediary State of Waking and Sleeping? This book makes very interesting reading, covering, as it does, an alphabetical arrangement of the conditions known as psychological aberrations.

oOo

There are still a few doctors who have not paid their dues for 1953. You are delinquent and may not vote at the meetings if you have not paid by now. Please send us your check and all will be forgiven.

oOo

More odd telephone requests—

Will you give me the name of a General Practitioner who has his American Boards?

Can you tell me how to get a marriage license in New York?

What are the visiting hours at Harborview Hospital in Seattle?

Can I have my appendix taken out at home?

WASHINGTON SICKNESS SURVEY

More than 40 per cent of the members of the State Medical Association cooperated in the first Washington Sickness Survey on January 20. Dr. C. E. Watts, President, has announced.

"I am very proud of this record," he said. "It shows that our members are conscious of the need for accurate figures on illness as it is actually seen in medical practice."

To eliminate seasonal variation, the one-day survey is being repeated four times during the year. The second survey date was April 28, and those who have agreed to participate received a second set of forms prior to that date.

Of 2315 members of the Association, 1169 returned a postcard saying they would participate and 954, or 41.2 per cent, actually sent in the completed forms. General practitioners were 23 of the group, the balance specialists. Response was equally good in city and rural areas.

More than 18,000 patient visits were recorded by the participating doctors on January 20, indicating that perhaps a total of 45,000 Washingtonians were seen by all doctors on that day.

A machine punch-card is being prepared for each patient-visit, and tabulations will be begun shortly by the University medical school, co-sponsor of the survey.

Physicians who would like to participate in later surveys in July and October should write to survey headquarters, E-301 Health Sciences Building, University of Washington, Seattle 5.

Financing of the study has been provided by 10 member agencies of the Washington State Health Council, a voluntary coordinating agency serving 31 state-wide health groups and professional organizations.

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Availability: BUTAZOLIDIN® (brand of phenylbutazone) is issued in yellow-coated tablets of 200 mg. and in red-coated tablets of 100 mg.

1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarzik, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. 149:729 (June 21) 1952.

3. Smith, C. H., and Kunz, H. G.: J. M. Soc. New Jersey 49:306, 1952.



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VETERANS ADMINISTRATION

American Lake, Washington

Drs. T. J. Hardgrove, R. E. Petrone and L. S. Diamond, are making plans to attend the annual meeting of the American Psychiatric Association, which will be held at the Hotel Statler, Los Angeles, from May 4 through the 8th. In addition to the scientific papers being presented by numerous VA Hospitals, the Veterans Administration is sponsoring scientific and technical exhibits, one of which is on "Prefrontal Lobotomy in Chronic Schizophrenia," also a Round Table Discussion on "Outpatient Treatment of the Psychotic Patient."

The North Pacific Chapter of the American Congress of Physical Medicine is meeting at the Portland VA Hospital the week end of May 8th and 9th. Fourteen of our therapists expect to attend the conferences and seminars to be held.

Mrs. Olga Trail, Social Worker, is attending an Institute on Foster Home Care at North Little Rock VA Hospital.

Shirley Middleton, Susan Tidmarsh, Anna Aslakson and Joseph Lorenz attended the Washington State Nurses Association Convention in Spokane and gave excellent reports to the rest of the staff when they returned. Miss Middleton and Mr. Lorenz are taking an active part in the New Washington State League for Nursing activities. Miss Middleton is a member of the Steering Committee for Nursing Education and Mr. Lorenz is on the Finance Committee. Richard Jones, Assistant Manager, is the first lay person at this hospital to join the League. Florence Muehlhauser, Assistant Chief, Nursing Education, is a member of the Board of Directors.

A group of nurses and other hospital personnel are enjoying and deriving a great deal of benefit from the course "Principles of Group Discussion" which is being conducted at the hospital by extension from the University of Washington. Dr. Laura Crowell, Assistant Professor in the Department of Speech, is the instructor.

Dr. Marcus R. Stuen has recently joined our Medical Staff. He is a graduate of Marquette University Medical School and has had residencies at the Ancker Hospital in St. Paul, the Northern State Hospital, Sedro Woolley and the VA Hospital, Portland.

Dr. Richard Berg has been detailed to this hospital from the VA Hospital in Seattle, for a six-month period under the Residency Program.

Drs. J. Lester Henderson and E. W. Haertig, both of Seattle, have been added to our staff as consultants in Psychiatry.

Tsuneco Tajima is a new addition to our Social Service Staff, coming from Honolulu, where he had worked for the Red Cross Hawaii Chapter and with Child and Family Service. He received his professional training at School of Applied Social Sciences and Western Reserve University, Cleveland, Ohio. He had four years service in the army in WW II.

The regular meeting of the VAVS Advisory Committee was held March 31st in the American Legion Rhodes Post Auditorium. Mr. Arthur Wrye, Contact Officer, was called upon to present the plans for Hospital Day, which will be held May 10th. Mr. Glenn L. White, Recreation Chief, reported on plans for the two-day Carnival to be held on the evenings of May 20th and 21st.

The annual Bowling League Banquet was held at Craney Crow, Friday, April 17th, at which time the presentation of trophies was made by Dr. James C. Stauffacher. Championship team—"Rehabs", runner-up team—"Comets." The Sportsmanship Trophy went to the "Rockets."

Interesting vacation talk is coming from Nurse Mayme Barrett who just returned from a month in California. Clara Kuhlman is packing for a month in Hawaii and Ettavee Reeves and Muriel Askov are gathering gear for a camping trip in Arizona.

TACOMA GENERAL

The hospital annual report for 1952, which has just been completed, shows that Tacoma General treated a total of 17,500 patients during the year. 12,400 were bed patients, and 5,100 were out patients. In addition 2500 babies were born here. The bed patients stayed for an average of 6.7 days which means a complete turnover of patients once each week.

* * *

Congratulations to Dr. and Mrs. Douglas Buttorf on the birth of a daughter, Jean, on March 28.

* * *

Dr. Eric Stern completes his residency in Anesthesiology April 30. Soon afterward he will leave for the East Coast where he will take State Boards in New York and Baltimore. His plans include some vacationing in that part of the country before he returns to the Northwest.

* * *

May 18, another group of Alaskan students will arrive from Mt. Edgecumbe Medical Center to receive their training in obstetrical nursing at Tacoma General Hospital.

* * *

Mrs. Esther Burnett, a graduate of the University of Washington School of Nursing, has been named Assistant Director of Nursing Service. Mrs. Burnett was Clinical-Surgical Instructor here a few years ago.

* * *

Dr. M. J. Wicks is vacationing in California after a business trip to Chicago and St. Louis. Mrs. Wicks accompanied him.

* * *

The Clinical Laboratory held Open House in the interest of recruitment of Medical Technologists. Over 60 people attended and the occasion was a great success.

TACOMA ACADEMY OF MEDICINE ANNUAL MEETING

The Tacoma Academy of Medicine will hold their third annual meeting on May 23rd at Jackson Hall. The following doctors are the guest speakers:



CARL V. MOORE, M. D., F.A.C.P. Professor of Medicine, Washington University School of Medicine, St. Louis, Missouri.

CLEMENT A. FINCH, M. D., Associate Professor of Medicine, University of Washington Medical School, Seattle, Washington

ROBERT S. EVANS, M. D., Associate Professor of Medicine, University of Washington Medical School, Seattle, Washington.

The program will be—

MORNING SESSION

Jackson Hall—Tacoma General Hospital
North 4th and K Streets

Registration—9:00-9:30 A. M.

Presentation of Cases of Hematological Interest by Members of the Tacoma Academy of Medicine,
9:30-11:30 A. M.

AFTERNOON SESSION

Jackson Hall—Tacoma General Hospital

1:30-2:15—Bone Marrow Function and its Appraisal in Anemia. Clement A. Finch, M.D.

2:15-3:00—Hemolytic Anemia: A Discussion of the Diagnosis. Robert S. Evans, M.D.

3:00-3:45—The Pathogenesis and Treatment of Iron Deficiency Anemia. Carl V. Moore, M. D.

3:45-4:30—Thrombo-embolic Disease. Clement A. Finch, M.D.

4:30-5:15—Hemolytic Anemia—A Discussion of the Treatment. Robert S. Evans, M.D.

5:15—Round Table Discussion.

Moderator, Frank Maddison, M.D.

Banquet—New Yorker, Sixth Ave. and Cushman.

6:30-7:30—Social Hour.

8:00-9:30—Banquet.

Installation of New Officers of Tacoma Academy of Medicine. Speaker of the Evening: Carl V. Moore, M.D., "Newer

Concepts of the Pathogenesis of Idiopathic Thrombocytopenic Purpura."

Advance reservations would be appreciated in order to make adequate preparations for the Banquet. Please call or write Treacy H. Duerfeldt, secretary, Medical Arts Bldg., MArket 2601. Tickets which include cocktails and banquet will be \$7.50. Dr. Frank Maddison is general chairman.

ABOUT OUR DOCTORS . . .

Dr. Philip Kyle was elected president of the Washington State Obstetrical Society, April 18th, in Seattle.

—o—

Dr. Homer Humiston and Dr. Warren Smith spoke at the April 18th meeting of the Pacific Northwest Trudeau Society. Dr. Humiston's subject was Kidney Tuberculosis, and Dr. Smith spoke on Recent Trends in Thoracic Surgery at Mountain View Sanatorium. Dr. Humiston also spoke at the Western Section of the American Urological Association which was held in San Francisco on April 27th to 30th. His subject was Plastic Repair of Uretersigmoidostomy.

—o—

Dr. Hinton Jonez will speak at the California State Medical Association convention which will be held May 24th to 28th, in Los Angeles.

—o—

The Tacoma Surgical Club had its annual meeting on May 2nd at Jackson Hall. Dr. Hayes Martin, Associate Professor of Clinical Surgery from Cornell University was the guest speaker. He spoke on Neck Dissection.

—o—

A joint meeting of the Northwestern Region, College of American Pathologists and the Pacific Northwest Society of Pathologists was held in the Medical Arts Building Auditorium on April 24th. Dr. William S. Hoffman of the Hektoen Institute for Medical Research, Chicago, Dr. Warren C. Hunter of the University of Oregon, Dr. Robert Johnson of the University of Washington and Dr. Sheldon A. Jacobson of the Veteran's Administration Hospital, Vancouver, Washington, were the guest speakers.

—o—

John F. Steele, M.D., Tacoma chest specialist, past president of the Washington Tuberculosis Association and former National Tuberculosis Association board member, visited Yakima February 25th to meet with the executive committee of the Yakima County Tuberculosis League Board of Directors. Dr. Steele spoke on recent developments in the National Tuberculosis Association Program and their influence on local problems.

My furnished offices at the Tacoma Medical Center will be available for rent four days a week. There are 660 square feet with reception office, two treatment rooms, private office, rest room, laboratory and recovery room and nurse's room, all outside rooms. Please apply to Dr. Clyde E. Gray, MArket 1661 (office) or PRoctor 2446 (home).



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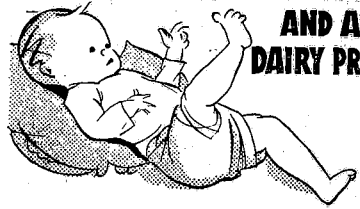
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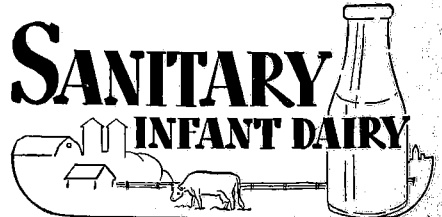


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ODM OUTLINES PLAN FOR DISTRIBUTION OF GAMMA GLOBULIN SUPPLIES

A revised plan for distribution of gamma globulin for protection against paralytic poliomyelitis, announced by the Health Resources Advisory Committee of the Office of Defense Mobilization, provides for a 50% increase in the basic allocations and makes a number of other changes in the preliminary plan announced in March. Actual distribution will be handled by the Division of Civilian Health Requirements, Public Health Service, based on policies established by ODM.

At the state level, distribution will be the responsibility of state and territorial health officers, who also will determine the "modes of prophylaxis most appropriate for use" within their particular jurisdictions.

Four separate allocation procedures are provided for. By now most states will have received their *basic allocations* of 60 cc times the average annual number of cases for the five-year period 1947-1951. (In March ODM proposed 40 instead of 60.) Starting July 1 and at biweekly intervals thereafter, *supplementary allocations* based on the total number of cases in the U. S. will be made to all states. *Additional allocations* will be made at appropriate intervals, based on the number of reported cases in each state. Allocations for *mass community prophylaxis* will be made from a special reserve pool of gg.

Prophylactic doses of the serum for measles and infectious hepatitis will be allocated under a separate system with amounts based on the state's past experience with measles and the number of cases reported from month to month this year. Gamma globulin for this purpose will be packaged in 2 cc vials, that for poliomyelitis in 10 cc vials.

Requests for further information should be addressed to Division of Civilian Health Requirements, Public Health Service, U. S. Department of Health, Education, and Welfare, Washington 25, D. C.

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Chief Clerk: Well, I don't know, but she spells atrociously.

Manager: Really, she must be pretty good, I'm sure I couldn't spell it.

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A.M.A. President Lists Medicine's Major Objectives for 1953

With the dawn of a new year, Dr. Louis H. Bauer, Hempstead, New York, president of the American Medical Association, outlined a constructive nine-point program for what he called "the preservation of our American system of medicine." His nine points, directed to all physicians and to all component societies of the A.M.A. are:

1. Work with rural communities to establish facilities for physicians, so that we shall have a better distribution of physicians.

2. See that good medical care for the indigent is available everywhere, just as it is in some states.

3. Extend public health coverage to areas lacking it.

4. Develop plans for the care of the chronic invalid.

5. Expand our voluntary insurance program, not only to cover more persons, but to cover those over age 65 and those suffering from illness of long duration.

6. Clean our own house, by disciplining those physicians who are tarnishing the reputation of the whole profession by their unethical acts of overcharging, accepting kickbacks, and making commercial arrangements with pharmacists.

7. See that the public is protected so that they can always obtain the services of physicians.

8. Revitalize our county societies and make them leaders in their communities in all health matters.

9. Inculcate the newly trained physicians in the tradition and ethics of medicine.

Dr. Bauer said that there also are "certain legislative matters that will require our attention and earnest study." He listed them as follows:

1. The establishment of a department or independent agency of health in the federal government.

It must not be tied in with education or social security. Health is important enough to warrant an agency by itself.

2. The making of constructive suggestions for the solution of the problem of the totally disabled under the social security law.

3. Obtaining sufficient physicians for the armed forces, without injustices or upsetting medical care programs.

4. Enactment of a law allowing pensions or retirement privileges for the self-employed, along the lines of the Reed-Keogh bill introduced in the last Congress.

"Another matter, which may not require legislation," Dr. Bauer said, "is a solution of the problems related to the Veterans Administration.

"These are a few of the matters that will engage our activities in the immediate future. They will require the labors and cooperation of all our constituent and component units, as well as the support of the individual members of the profession. A united profession can accomplish much, while a dis-united profession can accomplish nothing."

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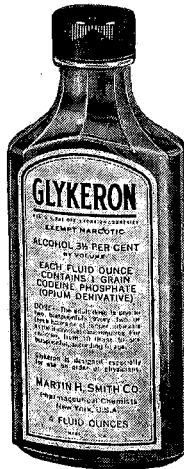
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PIERCE COUNTY SPASTIC SOCIETY

The Pierce County Spastic Society would like to acquaint all medical circles with the excellent summer therapy and recreation program which is offered for a six weeks period during parts of July and August. This program is designed to aid children with orthopedic handicaps in maintaining their rate of progress during the summer months when a long vacation would often mean the loss of abilities to some degree. It also gives the children the chance for excursions and fun. Any child between the ages of three and twenty is eligible. Contact Mr. Ferguson at Central School for details of registration.

The Society is concerned with handicapped adults as well as children. They support an adult class which meets two afternoons a week, at the present time, throughout the year. Any severely handicapped adult is welcome to join this group. Phone Mrs. Mary Beal, Market 0279 to refer any adults who would be eligible.

A.M.A. INAUGURAL CEREMONY WILL BE BROADCAST BY ABC

The American Broadcasting Company radio network will carry the inauguration of Dr. Edward J. McCormick of Toledo, Ohio, as President of the American Medical Association on Wednesday night, June 3, it has been announced by A.M.A. headquarters in Chicago.

The inaugural ceremony at the 102nd Annual Session of the A.M.A. in New York City will be heard over more than 300 ABC stations in this country, Alaska and Hawaii. Except for some local variations because of station program schedules, the inauguration will be carried at 10-10:30 p. m. in the Eastern Time Zone and 9-9:30 p. m. in all other time zones.

The actual inaugural ceremony will take place Tuesday night, June 2, in the Hotel Commodore, but it is expected that practically all radio and television time that night will be disrupted by special news and film programs on the coronation of Queen Elizabeth. It therefore will be necessary to transcribe the program for a delayed broadcast on Wednesday night.

Also originating from the A.M.A. New York meeting this year will be the popular "Dr. Christian" radio program, featuring the well known actor, Jean Hersholt. This program, which will be staged and transcribed Tuesday night one hour prior to the inaugural ceremony in the Grand Ballroom of the Hotel Commodore, also will be re-broadcast on Wednesday night. It will be carried by the Columbia Broadcasting System.

All physicians who will not be in New York for the A.M.A. meeting are urged to watch the radio listings in their newspapers for the local broadcasting times of the ABC inaugural program and the CBS "Dr. Christian" show, both on Wednesday night, June 3.

POSTGRADUATE COURSE FOR GENERAL PRACTITIONERS

Notices have been sent the memberships of Washington, Oregon, Idaho, and British Columbia Medical Associations that a postgraduate course in Internal Medicine for General Practitioners will be held at the Health Science Building, University of Washington, on Thursday, May 14, and Saturday, May 16, 1953.

The School of Medicine, University of Washington, is holding its Fourth Annual Clinic Day for G.P.'s on Friday, May 15.

The Thursday and Saturday courses are being arranged by the Washington State Medical Association in cooperation with the School of Medicine and the State Health Department.

Registration fee is \$15.00 for these courses, and registration and fee should be sent to the Central Office, 338 Henry Building, Seattle.

The program has been approved hour for hour attendance toward the 100 hours of informal graduate study requirement of the American Academy of General Practice.

The program will contain three symposiums: Symposium on ACTH and Cortisone; Symposium on Gastro-Intestinal Diseases; and Symposium on Cardio-Vascular Diseases.

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WORLD WAR II VETERANS ORGANIZE

The medical veterans of World War II met following last County Medical meeting on April 14 and organized a local chapter for Pierce County. The following doctors were elected to hold office for the coming year: President, Dr. Glen McBride; Vice President, Dr. Chris Reynolds; Secretary, Dr. Herbert Meier; Treasurer, Dr. Sam Adams. The constitution was approved and adopted as proposed by the National Society.

The purposes of this group are the following:

(a) To perpetuate the ideals and fellowship of those physicians who served their country in time of need in the Army, Navy, Air Force, Public Health Service or Allied Forces.

(b) To assist in every way the Surgeons-General in procuring adequate care for their respective forces.

(c) To aid and advise local authorities in caring for civilian health and casualties, from enemy action, in time of war.

(d) To advance medical education so that mortality and morbidity from disease or wounds may be lessened.

(e) To work for equality and justice to all men and peace on earth for all nations.

Membership is open to all those physicians in the country who served more than 90 days in the Army, Navy, Air Force, Public Health Service or

Allied Forces. Chapters are located throughout the United States in the various cities and counties. The parent chapter is located in Toledo, Ohio.

Doctor Myron Kass attended the recent meeting of the Seattle unit and he discussed the problems that had arisen at that meeting and recommended procedures for our own chapter.

12 PER CENT OF DOCTOR'S TIME GOES TO CHARITY PATIENTS

Rutherford, N.J.—The average U. S. physician gives seven hours a week—12 per cent of his working hours—to charity patients. The dollar value of the charity work he does in a single year is more than \$3,000.

These figures are revealed in the April issue of *Medical Economics*, national business magazine for doctors. The magazine is publishing the results of a nationwide survey it made recently among its 134,000 M.D.-readers.

According to the survey, about seven out of ten doctors today do some charity work. High-income physicians tend to do more of this work than low-income physicians; and big city doctors, more than those in small towns.

The magazine also found that the average medical man, besides giving *time* to charity, gives \$623 a year in *cash*.



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GOLF MEET AND FISHING DERBY

The date hasn't been settled yet, but about the last week in May or the first week in June the Pierce County Medical Society is going to hold a Golf Meet and Fishing Derby. The plans for the Fishing Derby, which will be held in the morning, include cruisers for the fishermen to ride in while trying out their luck on the Bay. The Golf Meet will be held in the afternoon, probably at the Country Club. Cards will be sent to you in a week or two giving you the details of the day, and we'd appreciate having them back as soon as possible.

World-Wide Increase in Proportion of Women

In large areas of the world females are increasing more rapidly in number than males. This trend is observed not only in countries where males are still in the majority, but also where females have long had superiority in numbers.

Females now outnumber males in almost all the European countries, particularly communist-controlled areas. Eastern Germany, with 743 males for every 1,000 females, has the greatest imbalance of the sexes in Europe and probably in the world. Although postwar data are not available for the Soviet Union, there is good reason to believe that it has a considerable deficit of males. In 1939, the ratio there was 920 males for every 1,000 females. With the heavy losses of men suffered by the Soviet Union in World War II, it is likely that the ratio is even lower now. The satellite countries, except Bulgaria, likewise show a relatively low sex ratio. On our side of the Iron Curtain, Austria and Western Germany have the largest deficit of males. In Finland, France, Spain, and the British Isles also, the number of men is well below that for women.

Emigration has been one of the major historic factors in depleting Europe's male population. This flood of migrants built up large surpluses of men in the countries of the New World. In the United States, for example, there were 1,044 males for every 1,000 females at the turn of the century; until recent years males had maintained their numerical superiority in our country. In Australia and New Zealand, relatively newly settled areas,

males outnumbered females by 1,100 to 1,000 around 1900 and are still in the majority by a slight margin.

The situation in Africa and Asia is more difficult to determine, because large parts of these continents have never been fully enumerated. The countries for which data are available show a mixed picture. In Egypt, Japan, and Korea, males are numerically in the minority. On the other hand, the Union of South Africa, India, Pakistan, and the Philippine Islands have more males than females. In some of the Far Eastern countries the female population is reduced by infanticide and by a very high maternal mortality. There is also a tendency in that part of the world to underenumerate females in their censuses.

The ratio of males to females in the population varies with age.

At the younger ages there is everywhere an excess of males, reflecting the greater number of boys than girls at birth. This numerical advantage, however, is gradually diminished as the higher mortality among males than females makes itself felt—a process which at times is accelerated by war. By the time adult life is reached, men are outnumbered. The situation is particularly serious at the older ages. In France, for example, there are about 650 males per 1,000 females at ages 65 and over. In our own country the latest census showed 894 men for every 1,000 women at these later ages. Widowhood is very common at this period of life and presents social and economic problems throughout the world.

—Metropolitan Life Ins. Co.

REGIONAL ILO HEALTH PLAN TURNED OVER TO PASO GROUP FOR ACTION

The 7-nation executive committee of the Pan American Sanitary Organization (PASO), holding its spring meeting in Washington, has decided to ask its 21-nation directing council what action, if any, should be taken on a year-old regional International Labor Organization proposal for extending social security medical services in this hemisphere. The resolution, adopted by American nations belonging to the ILO, says in part:

"The Conference resolves to recommend to American countries (1) to try to extend, as soon as possible, to the greatest number of persons within the possibilities of each country, social security medical services or other appropriate methods, including provision for medicines, dental treatment, examinations by specialists and hospital treatment in clinical and in maternity cases and (2) to try to intensify the measures of prevention against diseases harmful to society . . ."

Spokesman for PASO said the resolution is not binding on member countries, and that it has no relation to the ILO convention on minimum standards of social security adopted last summer at Geneva.

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THE SCHOOL LUNCH AND THE CHILD

No more than 15 to 20 per cent of the individual child's annual food consumption will be supplied by the lunch served at school. Therefore, the benefit of a good school lunch to health and dietary habits will be greatest for those children whose family food supplies and habits are poorest. The benefit will be greatest in the extent to which the foods provided in the school lunch supplement those supplied in the home. Studies and dietary surveys, indicate that milk and milk products tend to be low in many family diets. Their liberal use in the school lunch program is justified on the basis of economy and nutritive contributions.

Total amount of food served by National School Lunch Program in 1952 was Milk, Beverage 359,000,000 quarts; other dairy products, 248,000,000 pounds; meats, poultry, fish, 117,000,000 pounds; eggs, 25,000,000 dozen; fruits and vegetables, 570,000,000 pounds; cereals and bread, 142,000,000 pounds; fats and oils, 34,000,000 pounds; other foods, 43,000,000 pounds.

—National Dairy Council.

DOCTOR - LAWYER STAG

The second annual Doctor-Lawyer stag was held on Thursday, April 23 at the University-Union Club with about 140 in attendance. Bob Ferguson set a high level for the evening's entertainment with some piano selections. Bill Brown, Harold Tollefson and Ralph Rogers were spokesmen for the legal brethren and J. C. Bohn, Leo Scheckner and Miles Parrot upheld honors for the medical fraternity.

Highlight of the evening was Prof. Adams from the University of Washington speaking on the "Lighter Side of Life." Games of chance and skill followed at which the lawyers took honors (as well as money.)

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PENICILLIN MAY HAVE BEEN "DISCOVERED" OVER 80 YEARS AGO

An examination of Lister's laboratory diary reveals: "Here it is recorded that on November 21, 1871, Lister collected a specimen in a sterile flask and poured about half an ounce into each of six glasses. Some were covered, and others left exposed for varying times. Four days later he found a growth of *Penicillium* in one glass, and, examining a drop of the fluid microscopically, he recorded that 'It is rather curious that though the form of the bodies declared them to be bacteria I did not see any characteristic movements'."

"Lister then embarked on an experiment 'with the view of ascertaining whether the growth of fungi renders the liquid a less favorable nidus for bacteria.' Although his experiment was inconclusive, he observed that in a glass with only a slight growth of *Penicillium* the bacteria 'exhibited the most amazing energy' whereas those in a glass with profuse growth were 'comparatively languid, multitudes were entirely motionless and there was not the same appearance of dense groups'."

Sir Alexander Fleming's comment: "If fate had been kind to him, Lister might have lived to see what he was always looking for—a nonpoisonous antiseptic."

—Pfizer Antibiotics News Letter.

GENERAL PRACTITIONERS MEET IN ST. LOUIS

The fifth Annual Scientific Assembly of the American Academy of General Practice met in St. Louis March 23rd to 26th. Dr. Hillis F. Griffin was the delegate from Tacoma.

Various problems were considered including the relationship between general practitioners and specialists, hospital staff membership, postgraduate education, and press publicity. Much material educational and beneficial was given at the Scientific Assembly meetings.



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plus news and views of current medical meetings, reports, photo stories and other material of interest.

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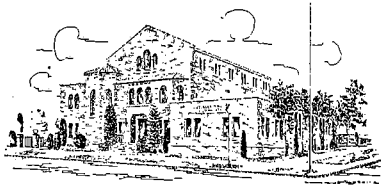
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A PHARMACISTS POINT OF VIEW

Campaigns are under way by various pharmaceutical groups throughout the county to help alleviate a problem which has become serious to the pharmacist—the prescribing by the physician of products like penicillin and their various combinations by the manufacturer's trade name. In the past five years 540 various products have been duplicated by 88 manufacturers and 680 products of new dosage forms released.

You can well imagine the high cost of inventory that has developed because of the duplication situation. As the prescriber you can help this condition when writing for products by using the chemical name, as penicillin 100,000 units or suspension of triple sulfonamides or penicillin with triple sulfonamides, etc.

Instead of many products, each pharmacy would thus stock a particular item by ONE manufacturer as Lilly, Parke Davis, Squibb, Lederle, or many of the other reputable companies. The manufacturers would still get distribution and product volume because of personal preferences of each pharmacy for any one company. Competition of the products would be brought to the pharmacist and not the physician. This would also eliminate time consuming detailing by manufacturer's representatives on duplicate products and allow him more time to discuss an actual new product.

When an RX is received about 10 P.M. for a penicillin product by "X" company and no pharmacy in that particular area, has this manufacturer's product it presents a problem to the pharmacist as well as the patient. The wholesale distributor is closed at that time of day and the product is therefore unobtainable until the following day. Had the chemical name been prescribed it would have eliminated the purchasing and stocking of the duplicate item, the calling of other pharmacies, the calling of the physician and the important fact that the patient has been kept waiting.

Very few prescribe sulfamerazine or diazine today by trade name, this can also be done with other products.

The sensible elimination of duplication with the help of the physician and the manufacturer will not stop progress or freedom of competition among manufacturers.

—Bergen Co. N. J. Bulletin.

She: "I don't look thirty, do I, dear?"

He: "Not any more."

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REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of March 21, 1953 to April 20, 1953, inclusive:

Chickenpox	160
Erysipelas	1
German Measles	213
Gonorrhoea	25
Impetigo	1
Infectious Hepatitis	3
Infectious Mononucleosis	7
Influenza	24
Measles	98
Mumps	51
Pneumonia	15
Poliomyelitis	2
Rheumatic Fever	1
Ringworm	2
Scarlet Fever	46
Syphilis	3
Tuberculosis	15

WORLD MEDICAL ASS'N.

The World Medical Association is currently embarked on a drive to increase membership.

The Association, whose membership is distributed over 43 countries, was organized in September 1947 in Paris. Its avowed purpose is to assist all people of the world to attain the highest possible level of health through:

Promotion of closer ties among national medical associations and doctors.

Organization of an exchange of information on matters of interest to the medical profession.

Maintenance and protection of the honor and interest of the medical profession.

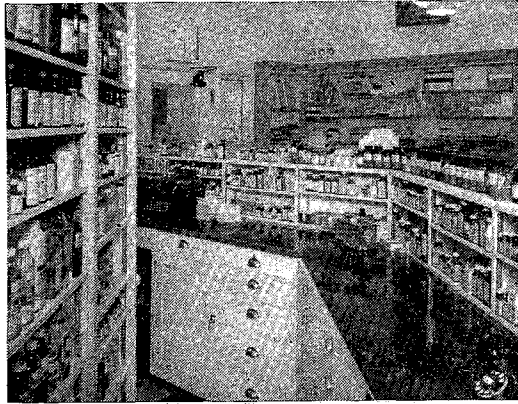
Raising the standards of medical education, medical care and health throughout the world.

Study and reporting on professional problems and

Presentation of the world medical opinion to WHO and UNESCO.

During the past four years, the Association has conducted a survey of medical man-power, a survey of medical education, and a survey of social security on an international basis. Studies now in progress include an investigation of cult, of medical advertising, of hospitals, of the availability of biologicals, and of the incidence of cancer in various parts of the world. A quarterly bulletin is being published, a modified Hippocratic oath (known as the Declaration of Geneva) has been adopted, an international code of medical ethics has been formulated, and a secretariat has been set up in New York. In conjunction with WHO and UNESCO, a conference on medical education is being planned in London for August of this year.

All interested physicians are invited to join. Annual membership dues are ten dollars. Write to the World Medical Association, 2 East 103rd St., New York City 29 for further particulars.

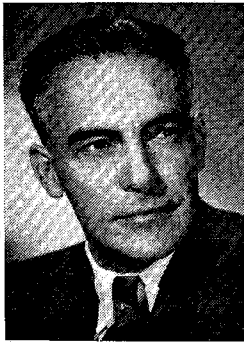


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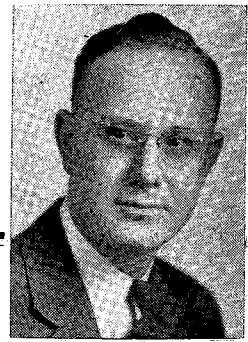
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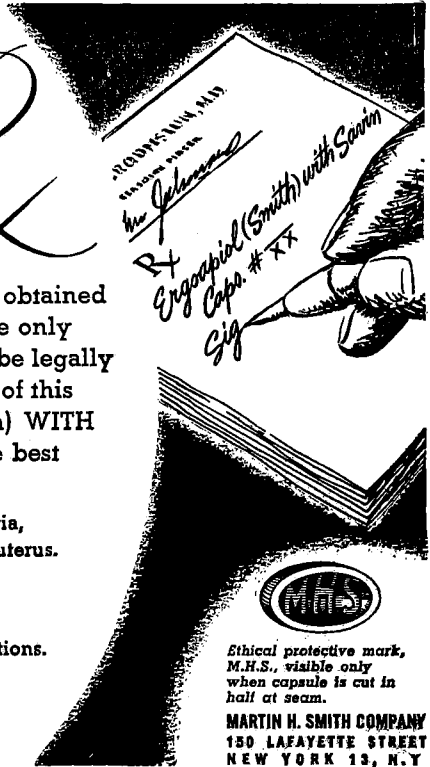
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Journal of the American Medical Association

Outstanding features in issues during April...

*Changing Concepts of Cancer
Beryllium*

*Interview with Dr. Louis Bauer,
President, American Medical Association;
Secretary-General, World Medical Association*

*Artificial Kidney
Arteriosclerosis*

plus news and views expressed in current medical meetings, reports, photo stories and other material of interest to all physicians.



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MONTHLY MEETINGS

STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

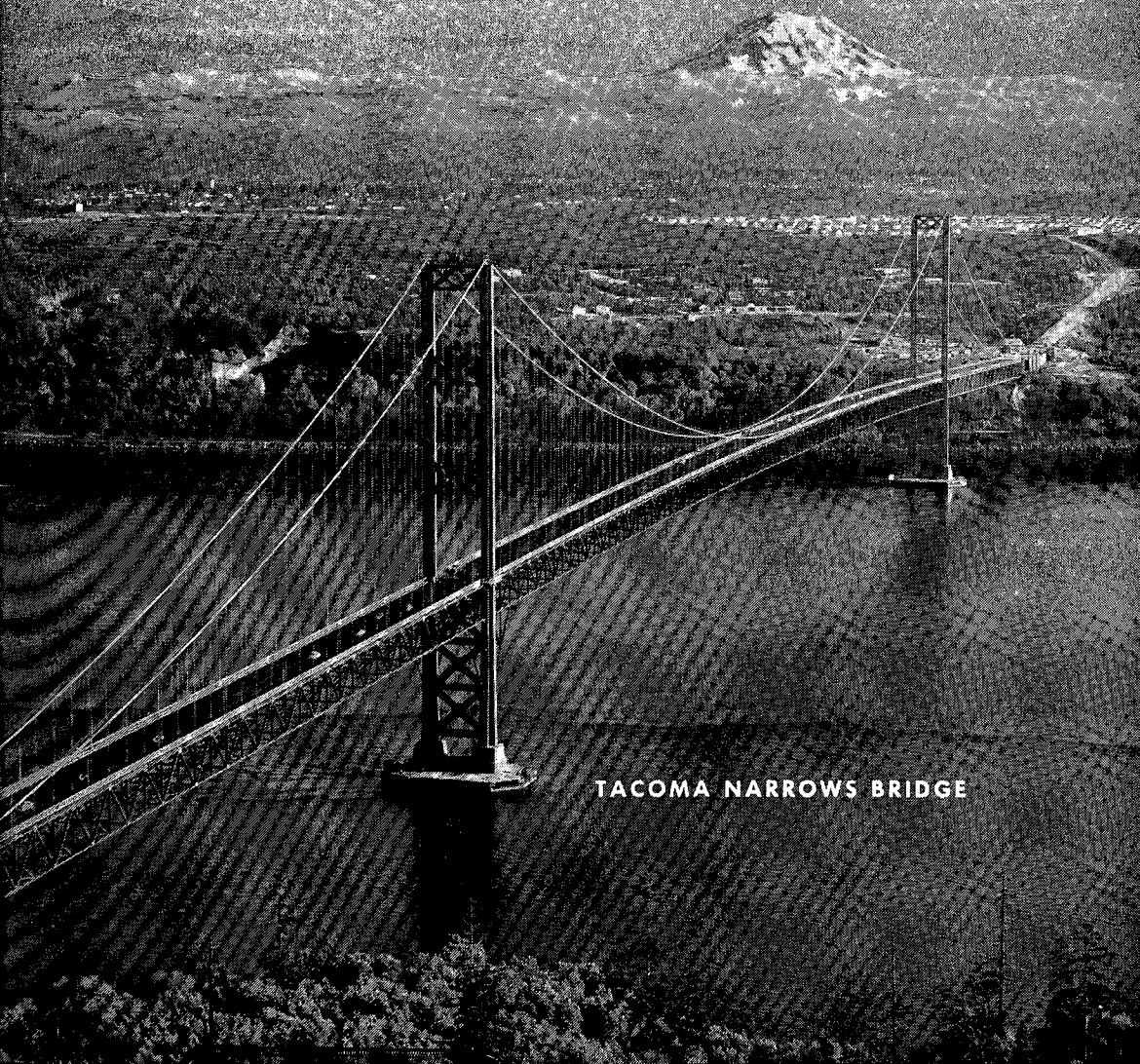
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 10

TACOMA, WASH.

JUNE - 1953

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MEDICAL SOCIETY



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1953

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ABOUT OUR DOCTORS . . .

Dr. John Bonica, and Dr. Robert Johnson, professor of anatomy at the University of Washington, have contributed a section to a new book on Clinical Cardiology. The book is edited by Dr. Franklin Massey. Dr. Bonica is also giving a paper at the AMA convention in Atlantic City.

* * *

Dr. John Havlina has recently returned from several months in Europe where he took post-graduate study in gynecology.

* * *

Don't forget the Golf Tournament and Fishing Derby to be held on June 12th. A fine number of members have signified their intention of getting out to Point Defiance at 4:00 a.m. to start the Fishing Derby, and an equal number are going to participate in the Golf Tournament. Over sixty members have signed up for dinner at the Country Club after the tournament so if you want to meet your fellow members the Country Club is the place to find them on the evening of June 12th at 7:00 p.m.

* * *

We have had a letter from Dr. L. E. C. Joers who is now a Captain in the Medical Corps of the United States Navy. He is stationed at Great Lakes, Illinois. He included with his letter a catalog of a symposium of which he was Co-ordinator; judging from the program it looks as if he were doing a tremendous job. We are very proud to call the Captain a fellow member.

CHANGES IN PREPAID HEALTH CARE NOTED

Prepaid health care, although of comparatively recent origin, already is undergoing a period of significant change, according to Dr. Donald Cass, president of the California Physicians Service Board of Trustees.

Principal change cited by Dr. Cass is that much of today's health care is not paid for directly by those who actually receive it. An estimated 42 per cent of all medical care now is paid for by someone other than the patient, he said, and the full impact of this trend is only now being understood.

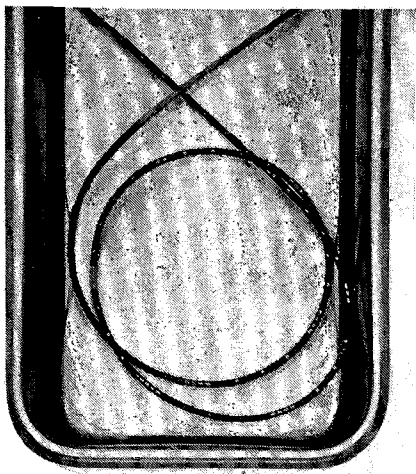
The same situation, only more so, exists right here at home. This is rapidly increasing and its limits will be widespread.

—Santa Clara California Bulletin.

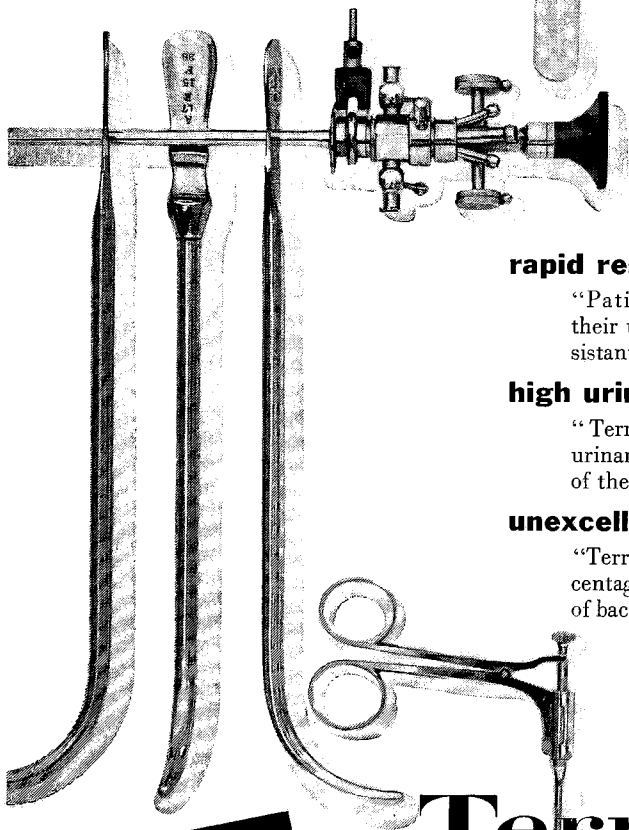
NOTICE

Check back page of Bulletin for calendar of special meetings

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



IN URINARY TRACT INFECTIONS



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"Patients with pyelitis were well and doing their usual duties within 24 hours..."¹ "...resistant cases showed remarkable response."²

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"Terramycin is generally well tolerated, the percentage of relapses being low and the percentage of bacteriological as well as clinical cures high."³

1. Canad. M. A. J. 66:151 (Feb.) 1952.
2. J. Urol. 67:762 (May) 1952.
3. Ibid. 69:315 (Feb.) 1953.



Terramycin

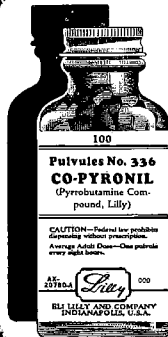
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Mild symptoms: 1 pulvule every twelve hours.

Moderate symptoms: 1 pulvule every eight hours.

Severe symptoms: 2 pulvules every eight hours.

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Editorially Speaking . . .

DRINKING DRIVERS

Recently a Tacoma citizen was involved in a serious automobile accident. Taken unconscious to a local hospital a portion of his blood was obtained to determine its alcohol content.

At the man's trial in Superior Court the judge ruled the test could not legally be admitted as evidence, having been made without the permission of the defendant.

We are indebted to the Westchester County, New York Medical Bulletin and to Dr. McCarvey for bringing to our attention their state's recent progressive legislation concerning this common problem.

"The bill we sponsored is not concerned with whether one drinks to excess, moderately, or at all. Its concern is to deter, by conviction with scientific evidence, the ginned-up incoordinate from operating the most deadly engine of death yet developed on a public highway. I refer to the modern automobile whose speedometer, no matter what the price level, suggests speeds of 100 m.p.h., or better, which is more than double the legal speed limit of most states in the union, and whose death toll, in its short life span of slightly more than half a century, has been far greater than that of all the battle fields of all the wars that we have engaged in since the birth of our nation.

Senate Bill No. 2083 passed the Senate 44 to 8, the Assembly 120 to 24, and has now been signed by the Governor.

AN ACT

To amend the vehicle and traffic law, in relation to chemical tests for the purpose of determining the alcoholic content of blood of persons in connection with the operation of motor vehicles or motor cycles.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The vehicle and traffic law is hereby amended by inserting therein a new section, to be section seventy-one-a, to read as follows:

Sec. 71-a. Chemical tests. 1. Any person who operates a motor vehicle or motor cycle in this state shall be deemed to have given his consent to a chemical test of his breath, blood, urine, or saliva for the purpose of determining the alcoholic content of his blood, provided that such test is administered at the direction of a police officer having reasonable grounds to suspect such person of driving while under the influence of intoxicating liquor. If such person refuses to submit to such chemical test the test shall not be given but the commissioner shall revoke his license or permit to drive and any non-resident operating privilege.

2. Upon the request of the person who was tested, the results of such test shall be made available to him.

3. Only a duly licensed physician acting at the request of a police officer can withdraw blood for the purpose of determining the alcoholic content therein. This limitation shall not apply to the taking of a urine, saliva or breath specimen.

Section 2. This act shall take effect July first, nineteen hundred fifty-three.

Explanation—Matter indented is new.

(Continued on Page 7)

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(Continued from Page 5)

It is evident that a carefully performed legal baptism has entirely cleansed this proposed statute by removing all suspicion of self-incrimination, unreasonable search and seizure, physician-patient privilege, violation of constitutional rights and the right of due process—whatever that is.

At the present time New York is one of 14 states having legislation concerning chemical tests for intoxication. These laws, however, deal only with the admissibility of results of chemical tests when they have been made. No present law provides for the taking of the tests. The blood alcohol percentages and their importance have not been changed. They are fair to the degree of being too lenient. Evidence that there was, at the time, 0.05%, or less, by weight of alcohol in the blood—is prima facie evidence that the defendant was not in an intoxicated condition. Evidence that there was more than 0.05% and less than 0.15% is relevant evidence, but is not to be given prima facie effect in indicating whether or not the defendant was in an intoxicated condition. Evidence that there was 0.15% or more may be admitted as prima facie evidence that the defendant was in an intoxicated condition.

Chemical tests have encountered no difficulty in the courts where the test was taken with the consent of the accused. The only question that arose was whether an individual could be compelled to submit to a test and whether the evidence, so obtained, would be admissible. This bill does not change the substance nor increase the severity of the present law. The results of the tests do not declare the guilt or innocence of the defendant. They may be received in evidence but the question of sobriety will still be determined on all the evidence. One must remember that in operating a motor vehicle the operator exercises a privilege, not a right. Consequently the State may regulate, or even prohibit, the privilege, and the Legislature may prescribe on what condition the privilege shall be exercised. Here's how the bill operates:

When a police officer apprehends a person whom he assumes is driving while under the influence of intoxicating liquor, he may demand that the individual submit to a chemical test—blood, breath, urine, or other, owing to which his community has adopted. The individual can refuse. If, however, he consents, and the local test is not blood, it may be administered by any one the local law enforcement agency deems competent. In the case of a blood test only a Physician may administer it. The accused may be arrested either before or after the test. If he submits to the test he must receive notice of the result. This acts to protect him against false accusations and is a matter of common fairness. If the alcohol percent is very low the enforcement officials may see fit to lessen the charge to reckless driving, while if it is high the accused will probably plead guilty on arraignment. Assuming that the accused desires to go to trial, the prosecution may introduce the chemical test into evidence along with other evidentiary material which, of course, includes a physical examination. The salutary effect of the positive chemical test,

substantiating the physical examination, will be tantamount to giving the former the importance of conclusive evidence.

It is important to note that the defendant will be able to present evidence that he was not drunk or that the test was not accurate.

The piece de resistance of the bill is that if the accused refuses to submit to a test, his license is revoked until such time that he is convicted or acquitted of driving while intoxicated.

In conclusion, this bill violates no possible constitutional right, and will solve the problem of the drunken driver who accounts for about one-fourth of the one hundred daily deaths from highway accidents."

At the next session of our Washington State Legislature may we urge the passage of a similar act.

—LEWIS HOPKINS, M.D.

EXTENDED PROOF

New Orleans lawyer sought an RFC loan for a client. He was told that the loan would be granted if he could prove satisfactory title to property offered as collateral. The title dated back to 1803, and he had to spend three months running it down.

After sending the information to RFC he got this reply: "We received your letter today inclosing application for loan for your client, supported by abstract of title. Let us compliment you on the able manner in which you prepared and presented the application. However, you have not cleared the title before the year 1803, and therefore, before final approval can be accorded the application, it will be necessary that the title be cleared back of that year."

Annoyed, the lawyer replied: "Your letter regarding titles in Case No. 189156 received. I note that you wish titles extended further back than I have presented them. I was unaware that any educated man in the world failed to know that Louisiana was purchased from France in 1803. The title to the land was acquired by France by right of conquest from Spain. The land came into possession of Spain by right of discovery made in 1492 by a sailor named Christopher Columbus, who had been granted the privilege of seeking a new route to India by the then reigning monarch, Isabella. The good queen, being a pious woman and careful about titles, almost, I might say, as the RFC, took the precaution of securing the blessing of the Pope upon the voyage before she sold her jewels to help Columbus. Now the Pope, as you know, is the emissary of Jesus Christ, the Son of God, and God, who, it is commonly accepted, made the world. Therefore I believe it is safe to presume that He also made that part of U. S. called Louisiana, and I hope to . . . you are satisfied.

—Accountant's Weekly Report,

What's Happening in Washington

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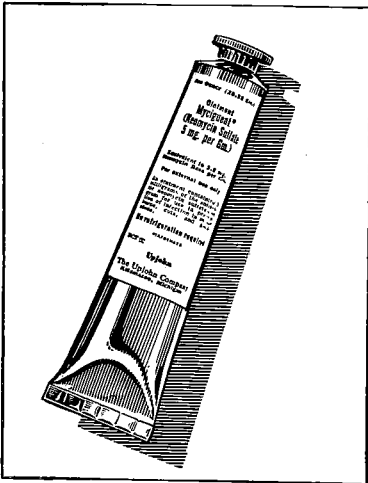
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To The Pierce County Medical Society

NOTES FROM THE SOCIETY'S OFFICE

By the Executive Secretary

Thanks to the observing eye of Dr. Schaeffer's nurse we now have all the issues of the Bulletin—twenty-one years of continuous publication. In last month's Bulletin we asked, somewhat hopelessly we thought, for the donation of the September, 1931, issue. Going through the doctor's old periodicals she found the missing copy and gave it to us. We are very grateful, and now we will have them bound. As sources of Society history and personal interest they are unequalled for lively reading. They will be available in the Library as soon as they are bound.

* * *

We have had a very successful year with our Placement Bureau, having placed several girls with members of the Society. In most instances mutual satisfaction has resulted and we are happy to perform this gratis service. At the present time we have a few girls who want to work just for the summer, or who will do relief work during vacations. If your girl is taking a vacation and you can't get along without office help, call the office and we may be able to supply you with a temporary girl.

* * *

We have three new books in the Library on diabetes. *Treatment of Diabetes Mellitus* by Drs. Joslin, Root, White and Marble, is a comprehensive study of diabetic therapy, incidence, etiology and prevention. *The Diabetic Manual*, also by Dr. Joslin, was written for the doctor and the patient. The book could be said to translate into language that the layman can understand the necessary terms that a diabetic should know. It is, however, not necessarily a book for the layman, but as the title says, a manual for the doctor and his diabetic patient with one section devoted to questions and answers that such a patient would probably ask.

The third book on diabetes is *Your Diabetes and How to Live With It*, by Drs. Floyd L. Rogers and Ruth M. Leverton. It is recommended as suggested reading for the diabetic patient. It is written in simple language that the layman will readily understand and it gives menus, diets, and recipes, plus a clear, concise explanation of the nature of diabetes.

We also have a new book on rheumatic fever. It is a symposium, edited by Dr. Lewis Thomas, which was held at the University of Minnesota in 1951.

MIGHT BE COLLECT

Hotel page: "Telegram for Mr. Ahrenhoester-boehmer."

Mr. Ahrenhoesterboehmer: "What initials, please?"

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News from A.M.A. Washington Office

A National Research Council panel which has been holding closed meetings on allocation of gamma globulin during the next summer's poliomyelitis season expects to submit recommendations within three weeks. The 7-man panel is responsible for advising Office of Defense Mobilization on methods of allocating the blood fraction "in the event demand so greatly exceeds supplies as to make desirable a method of allocation in the interest of public health."

American Red Cross is assuming responsibility for procurement and production cost of gamma globulin, and already has announced a stepped up fund goal for 1953 to help finance its part of the program. Gamma globulin will continue to be used in treatment of measles and infectious hepatitis.

Karen Rynning

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DISTINGUISHED SERVICE AWARDS

Recipients of the Distinguished Service Awards of the American Medical Association in past years: 1938—Dr. Rudolph Matas, New Orleans, noted surgeon and learned writer in the field of blood vessel surgery.

1939—Dr. James Bryan Herrick, Chicago internist, who made vast contributions to the medical profession's knowledge of coronary thrombosis.

1940—Dr. Chevalier Jackson, Philadelphia, world famous otolaryngologist, for his contribution to bronchoscopy.

1941—Dr. James Ewing, New York, internationally known pathologist, who made great contributions in the field of cancer.

1942—Dr. Ludwig Hektoen, Chicago pathologist, for scientific research in bacteriology, parasitology, immunology and cancer.

1943—Dr. Elliott Proctor Joslin, Boston, who gained world-wide renown for his contributions on diabetes.

1944—Dr. George Dock, Pasadena, California, for his work in the pathology of malaria and dysentery; protozoan diseases of the blood; pernicious anemia; ductless glands, and hookworm.

1945—Dr. George Richards Minot, Boston, whose contributions to medical knowledge of the causes and methods of control of pernicious anemia have been recognized throughout the world.

1946—Dr. Anton J. Carlson, Chicago, eminent physiologist, for original studies affecting every possible phase of function in the human body.

1947—Dr. Henry Asbury Christian, Boston, Hersey professor of theory and practice of physic, emeritus, at Harvard Medical School, an eminent teacher, author and editor, widely known for his work in pathological and clinical research.

1948—Dr. Isaac Arthur Abt, Chicago, professor of diseases of children, emeritus, at Northwestern University School of Medicine, outstanding clinician and great teacher, for notable contributions to the literature on his specialty.

1949—Dr. Seale Harris, Birmingham, Ala., for his valuable contributions to the understanding of diabetes and of its opposite condition, hyperinsulinism, and to the general conceptions of the science of endocrinology.

1950—Dr. Everts A. Graham, St. Louis, professor of surgery at Washington University School of Medicine, for his pioneer work in lung surgery for cancer.

1951—Dr. Allen O. Whipple, New York, director of surgery, Memorial Hospital, for his contributions to surgery, particularly on the gall bladder and pancreas.

1952—Dr. Paul Dudley White, Boston, internationally known physician, teacher and investigator, for his medical research in the field of heart disease.

Employer to newly hired steno: "Now I hope you thoroughly understand the importance of punctuation?"

Steno: "Oh, yes, indeed. I always get to work on time."

NEW PRESIDENT OF A.M.A.

Dr. Edward J. McCormick of Toledo, who will be president of the American Medical Association for the year beginning in June, 1953, will never die of boredom. At 61 he has more interests and is engaged in more activities than many men half his age.

He was born September 25, 1891, in Alger, Michigan. His family later settled in Toledo, where he received his B.A. and M.A. degrees from St. John's University in 1911 and 1913 respectively. He obtained his medical degree at St. Louis University in 1915, and served his internship at St. Vincent's Hospital, Toledo.

Early in 1917 he enlisted in the Army's Medical Corps Reserve. He served throughout the war with the 47th North Midland British Division, which broke the Hindenburg Line; was promoted from lieutenant to major, and awarded the British Military Cross. Upon returning to this country, he served for a few months at Walter Reed Hospital before his discharge in 1919.

A former president of the Ohio State Medical Association, in the last decade he has concentrated most of his organizational activities in the American Medical Association. For two years—1943 and 1944—he was a member of the A.M.A.'s House of Delegates. When the Council on Medical Service was formed in 1943, he was appointed a member and served on that body until 1947, the last two years as chairman.

In 1947 he was elected to the Board of Trustees, and at the annual convention in Chicago last June, he was chosen president-elect.

In 1949 he was a member of the medical mission invited by Gen. Douglas MacArthur to make a survey of Japan's health needs, and the following year he went to Geneva, Switzerland, as a United States delegate to the U.N.'s third World Health Organization assembly.

Aside from maintaining membership in a long list of professional societies, Dr. McCormick also has been active in a number of veteran, fraternal and civic organizations.

In 1938 he was Grand Exalted Ruler of the Benevolent and Protective Order of Elks, and later was named honorary president of the Elk's cerebral palsy treatment center at Conton, Ohio. He is a past commander of a Toledo American Legion Post, member of the Forty and Eight, past president of the Toledo Lions Club, a fourth degree Knight of Columbus, executive committee member of the Toledo area Boy Scouts, a former trustee and director of the local American Red Cross chapter, an ex-director of the University of Toledo, and a member of the Toledo Club and the Inverness Country Club.

Dr. McCormick's home is in Ottawa Hills, a suburb of Toledo. He and his wife, the former Josephine Beck, have six grown children—three sons and three daughters.

—A.M.A. News.

"You have the same thing that my brother-in-law—Heaven rest his soul—had."

76.6% of patients
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relief
of
pruritus

In a recent study¹ of 200 cases of itching dermatoses, 76.6% of all patients who had had previous experience with other antipruritics expressed a preference for EURAX Cream.

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Other favorable features of EURAX Cream that were again confirmed include:

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- ✓ **Virtually complete lack of sensitizing or toxic properties.**

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 4. Soifer, A.: Quart. Rev. Int. Med. & Dermat. 8:1, 1951.
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- *U.S. Pat. #2,505,681.

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The Hospitals . . .

PIERCE COUNTY

Mrs. Florence Rokahr, Medical Record Librarian of Pierce County Hospital spent last week in Seattle attending the Advanced Workshop of Medical Librarians, sponsored by the Washington State Association of Medical Record Librarians. Mrs. Alice Kirkland Schwearingen, Chief Record Librarian of the Lake Merritt Hospital in Oakland, California, presided as Chairman of the meetings. The sessions were held on the University of Washington Campus and were attended by a large number of members of the association.

* * *

Mrs. Alice Miller of the Diet Department is leaving by motor for Sacramento, California, next week. She will visit her son, who has been a member of the Geological Survey Bureau in Sacramento. They will return together to Portland, Oregon, where Mr. Miller has been transferred to the Oregon Geological Survey. Mrs. Miller plans to be gone two weeks.

* * *

Mrs. Ida Susted of the Main office has received word from her daughter, Captain Jeanette Susted, Marine Corps, now stationed in Frankfurt, Germany, that she will attend the Coronation festivities. Plans have been so well made for visitors that Captain Susted reports she will be given a box lunch by her London landlady so that she may enjoy luncheon during the parade.

* * *

Mrs. Doris Hamilton is replacing Mrs. William Nolan in the Main office of the hospital. Mr. and Mrs. Nolan are leaving to make their home in Long Beach, California. In honor of Mrs. Nolan (Marleen Todd) a coffee hour was given for her last Wednesday. She was presented with costume jewelry as a token of appreciation.

* * *

Mrs. Ruth Ann Thompson has recently joined Social Service as a Social worker.

* * *

Word has been received in the form of a wedding invitation from Dr. Joseph Pollard announcing his marriage to Rosamond Elizabeth Rider of Groveland, New York. Dr. Pollard was resident physician at Pierce County Hospital two years ago.

* * *

The laboratory department regrets that Mrs. Norma Kinsman, Chief Technician, is leaving. She is going to devote her entire time to housekeeping for her new husband at their attractive home on Henderson Bay. Wednesday, May 26, the hospital personnel enjoyed a coffee hour in Mrs. Kinsman's honor and presented her with an attractive beach jacket.

* * *

Mrs. Madonna Stoker, Social Service, who went to Yokohama, Japan, over a year ago with her husband, Warrant Officer Henry Stoker, and their two children, Patricia and Dick has returned with them and is again one of Pierce County Hospital

Social workers. The Stokers returned on the S. S. Buckner on April 14.

* * *

Mrs. Jessie Hacock entertained the members of the Social Service Staff at a delightful dinner party in her attractive home. The affair was in honor of Mrs. Margaret Jonez who is having an indefinite leave of absence.

* * *

Mrs. Esther Garthwaite lately of Grand Rapids, Michigan, has joined the clerical force of the hospital. She is with her husband's family in Tacoma while her husband, Sergeant 1st Class Armand Garthwaite, is serving in Munich, Germany.

POST-GRADUATE COURSES UNIV. OF WASH.

A post-graduate course in Practical Psychiatry will be held in the Health Science Building in the School of Medicine, University of Washington, on July 27th through July 31st. The purpose of the course is to present some of the practical aspects of the current concepts in psychiatry. One-hour lectures will be given each morning and afternoon, followed by visits to clinics with study of patients illustrating psychoneurotic and psychosomatic problems commonly encountered in everyday office practice. Discussion of the development of such illnesses, means of prevention, and treatment will be emphasized. The class will be divided into small groups, so that there will be an opportunity for informal discussion.

The following topics will be included: Personality development, Common psychopathology, Types of psychoneuroses, Life situations, emotions and disease, The patient-physician relationship, and Principles of psychotherapy and special therapies.

This course is sponsored by the University of Washington School of Medicine, Washington State Medical Association and the Washington State Department of Health.

For further information, please call the Society's office, MARKET 2020.

Another post-graduate course to be given at the University is one on Fluid and Electrolyte Balance. The prospectus says: "The purpose of this course is to acquaint the general practitioner and specialist with a practical approach to the problem of planning parenteral fluid therapy. This approach is based primarily on bedside observations and simple bedside tests that the physician himself can perform. The course will emphasize the point of view that the practicing physician can learn to treat fluid balance problems physiologically without extensive study of the field of fluid balance and without the aid of expensive laboratory tests."

This course will take place on June 22nd to 24th inclusive.

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THE HAZARDS IN BICYCLING

Bicycle accidents take approximately 600 lives a year in the United States. About two-thirds of the fatal injuries occur in the months from May to October, when the weather is most favorable for outdoor recreational activities. Nine out of every 10 deaths are among males; boys at ages 5 to 19 years constitute 70 percent of all the victims in both sexes. Collision with a motor vehicle is by far the greatest bicycle hazard, being responsible for at least four-fifths of the fatalities. The remaining proportion is due mainly to falls from bicycles, running into fixed objects, collision with railroad trains at crossings, and fatalities among pedestrians who are run down or collide with cyclists.

Unfortunately, little or no progress has been made since the end of World War II in reducing the death toll from bicycle accidents. Part of this lack of progress reflects the increase in the number of cyclists—now totaling more than 21,000,000; another part is due to the great rise in the volume of automobile, truck, and bus traffic on our highways.

Males accounted for 259 of the victims and females for 40. Although deaths were recorded at virtually every age period, by far the largest number in this study were among boys 10 to 14 years of age, who contributed practically one-half of all the fatalities among males. This age group has the worst record for each type of mishap. Youths 15 to 19 years and boys 5 to 9 ranked next in order with respect to the number of victims, together suffering about one-third of the total fatalities among males. Thus, four out of every five deaths among males were in the age range 5 to 19 years.

Another point of interest in the table is the rather appreciable number of deaths among older cyclists. In this insurance experience 15 deaths occurred among men at ages 50 to 59 and a somewhat greater number in the age group 60 to 69. This suggests that bicycle riding is popular even at the older ages; also, that men past the prime of life need to exercise greater caution in cycling, particularly since they may have lost some of their agility in coping with traffic. Surprisingly few—only four—of the fatally injured were men in the age range 20 to 39 years.

Among females, the concentration of deaths from bicycle accidents at ages 10 to 14 is even greater than among males. Twenty-four of the 40 deaths among the females occurred in this age period, indicating that young girls, just like young boys, are often too venturesome.

Many factors play a part in causing bicycle accidents, but the most important, it appears from the insurance claim records, are the hazardous practices of cyclists. "Cutting in" in front of a motor vehicle and crossing from one lane to another were the most common violations. Carrying an extra passenger on a bicycle and lack of caution at street intersections or around curves also contributed considerable numbers to the death toll. Among the other hazardous practices of cyclists were: Failure to exercise due caution when coming out of a driveway or alley, riding around or between parked

cars, riding too far from the curb or on the wrong side of the street, and using bicycles in poor mechanical condition and lacking proper equipment. In the relatively small proportion of instances where the motor vehicle driver appeared to be at fault, speeding or drunken driving was reported as an important factor.

The accidents other than those arising from motor vehicle collisions were due in good measure to falls from bicycles. A few of the victims were drowned when they lost control of their "wheels" on river banks, while some fell as they pedaled across a narrow bridge, around a construction site, or down a steep hill. In some cases the insured was merely cycling in the street and fell because of a broken or slippery pavement; others were injured because of a collision with a curb or tree. About 2 percent of the fatalities were among pedestrians run into by cyclists.

These facts make it evident that most bicycle accidents are preventable. Inasmuch as youngsters constitute the focal point of the problem, parents and school authorities have a special responsibility to make children aware of the hazards that attend cycling and to inculcate them with safe habits of riding. The lifesaving efforts of traffic authorities, the National Safety Council, the Bicycle Institute of America, and other organizations should, of course, be continued. Additional measures should also be taken to alert drivers of cars and trucks to look out for bicycles when using streets and highways frequented by cyclists.

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of April 21, 1953 to May 20, 1953, inclusive:

Ascariasis	1
Chickenpox	60
Conjunctivitis	1
German Measles	286
Gonorrhea	17
Infectious Hepatitis	6
Impetigo	2
Influenza	9
Leprosy	1
Malaria	4
Measles	101
Meningitis	2
Mumps	68
Pneumonia	5
Rheumatic Fever	1
Scarlet Fever	62
Septic Sore Throat	2
Shigellosis	23
Syphilis	4
Tina Capitis	1
Tuberculosis	23
Whooping Cough	1

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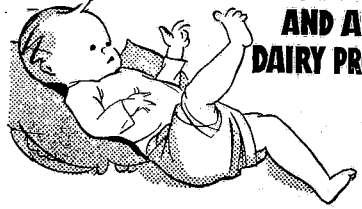
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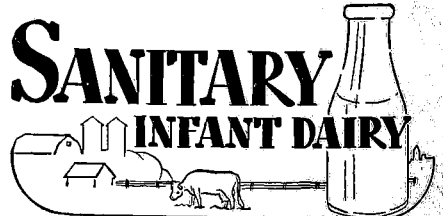


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On Filling Out Insurance Forms: You are treating John Doe who was injured in an automobile accident. One day you get in the mail a communication from an insurance company to this effect: "We understand that you are treating John Doe. Will you please fill out the enclosed form and include your bill for services rendered?" What should you do?

Answer. Probably throw it in the wastebasket. The part about the bill is just a "gag" to make you think the company wishes to pay you for your services and thus get you to give information the patient may not want it to have. Any physician who unwittingly fills out such a form, without the patient's permission, is subjecting himself to a lawsuit by his patient for breach of confidence.

A Strange Attorney Represents Himself as Acting for Your Patient and Request Information: If you don't know the attorney, it might be good practice for you to obtain written permission from the patient before complying with the request.

On Cooperating with Lawyers Who Do Represent Your Patient: Under the new rules of the court, the attorney has a limited time in which to secure pertinent information as to his clients' injuries, etc. Physicians are urged to cooperate promptly in fairness to their patients and the lawyers acting for them.

On Saving Yourself Time When Appearing In Court to Testify: The practice generally is to give the physician an immediate chance to testify when he appears in court. If the physician will make his presence known to the lawyer who requests his testimony, or to a court attendant, the lawyer will notify the judge that you are in court and, in almost every case, the witness on the stand will be interrupted and asked to stand down so you can take the stand without loss of time.

On Referring to Records While Testifying: Any record or note to which you refer while on the stand may be examined by the opposing attorney in its entirety. Therefore, if there is something in your office record which should not be disclosed, do not refer to that record to refresh your memory while you are testifying. Instead make notes, or have your secretary make notes, from the record and include only such information as you do not object to having others see.

On Those "Answer Yes or No!" Questions: If, while testifying, the opposing attorney propounds a question and then demands you answer "Yes or No," and you cannot reasonably comply, you should say "I cannot answer that question with a 'Yes' or 'No' without an explanation." If the attorney keeps insisting you answer as he directs, and you continue to maintain you cannot, he may ask the judge to order you to answer as he has prescribed. If the judge so orders, you must then say "Yes" or "No," whichever better fits the case. But if your attorney is on his toes, he will, on redirect examination, address you thus: "Doctor, you were previously asked a question and directed to answer it only with a 'Yes' or 'No.' You indicated at that time you wished to explain your answer. Do you still wish to do so? You may then state why your

"Yes" or "No" constituted an answer which you considered incomplete and unsatisfactory.

On Being Subpoenaed Because You Refuse to Testify Voluntarily in the Absence of a Guaranteed Testimony Fee: You will have to appear and testify to the medical facts, i.e., what you found and what treatment you rendered. But if you are asked *Your Opinion*, you have the right to state "I am here as a subpoenaed witness and not as an expert" and the judge will uphold your right to refuse to state your opinion.

On Making a Written Report of an Examination: Whether the report is made for an insurance company or for the patient's lawyer, remember that under the new rules of the court, the opposing attorney can demand an exact copy of that report. It is not a confidential document any longer. But if the opposing side requests you to send them a copy of your report, you should refuse to do so for it is not the duty of the physician but of the attorney to furnish the copy.

—Middlesex Co., N. J. Bulletin.

Little Johnny had just been vaccinated, and the doctor started to put a bandage over the vaccination spot. Johnny objected—he wanted the bandage put on the other arm instead.

"Why Johnny," said the doctor, "the bandage should be on the sore arm so that the boys at school won't hit it."

"Put it on the other arm, Doc." Johnny insisted. "You don't know those boys!"

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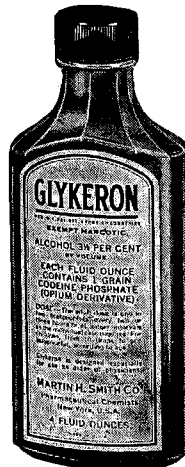
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THE BASEBALL UMPIRE

There is one profession which has never had a renegade or a traitor to its ideals. Some of its members are college graduates, some finished high school and a few have had very little formal education. Some have attended the special schools which have been established recently to train its members in the basic principles, while others came up through the ranks—just "grew like Topsy."

When working, they always wear dark blue and a loud resonant voice is usually helpful. They usually work about two hours a day, but on Sundays and holidays they may labor four or five. As one famous representative once said: "You can't beat the hours."

Yes, it is a fascinating fact that no baseball umpire has ever even been accused of a dishonest act in connection with his work. Nor has one ever been approached by a crooked gambler or a cheat with a proposition. Even these destroyers of youth and athletic careers know that these fine men are America's untouchables. They are incorruptible.

Why? Their incomes are only moderate. They are subject to verbal abuse from fans, players and managers each and every working day, and many times each summer are subjected to physical attacks from irate onlookers who wouldn't be able to watch baseball at all if it were not for the fact that these men make the game possible through their integrity and their ability to control the game that is in progress.

What makes a man decide to be an umpire? What kind of an appeal does this work have? What type of people are attracted to these jobs? Apparently a very high type, or does the work itself engender honesty and high ideals? The men themselves don't know the answer to all these questions, but they go on doing their jobs and setting an example for all other Americans.

There are lots of stories about umpires, especially the greatest of the moderns, Bill Klem, the Old Arbitrator. Perhaps he did most to establish the standards of his profession. In his early days he had a run-in with John McGraw and put on the clincher by ordering Muggsy out of the game. When the expellee threatened to get his job he replied quietly: "Mister McGraw, if it's possible for you to take my job away from me, I don't want it."

He "never missed one in his life," and claimed that he never made a mistake in judgment or interpretation of the rules.

He never played a big league game in his life. He umpired in the National League for thirty-six years and then "retired" to supervisor of other arbiters for some more years of a life dedicated to baseball. He umpired in eighteen world series, more than any other umpire in the history of the game.

He was perhaps the greatest, but Billy Evans, Tim Hurst and Joe Contillon were among some of the many greats of the past. George Magerkurth and George Barr have begun to accumulate their own traditions, as have others who are still active.

All live up to the great traditions of the past,

and one of them along the line said (when asked whether a ball was fair or foul under certain circumstances) the classic: "They ain't nothing 'til I call them."

Some people don't care for baseball, and this is hard to understand. Most Americans like to watch baseball, listen to baseball, read about baseball and talk about baseball. One of the great sports writers of our day is Arthur Daley, and if any baseball fanatic has not read his "Times at Bat," he has missed a real classic full of stories and anecdotes about the heroes and the unfortunate goats of the last fifty years of this greatest of professional sports.

—*Jackson County Monthly Bulletin.*

PUT YOUR FOOT IN, TOO

One of the most persistent complaints received from patients concerns the prevalent practice of doctors of sticking their head in the hospital room door, saying good morning to the patient and then sending a bill for five to ten dollars. As one lady recently put it: "I was asleep when the doctor pushed the door open, smiled at my roommate, and said he would not awaken me. He billed me \$10.00 for this head-inside-the-door gesture."

There are numerous complaints on file that are identical with this one. That's why we are prompted to say, "Open the door wide, stroll all the way in, and make an issue out of the event."

—*Mediation Committee of San Diego County Medical Society.*

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POPULATION SHIFT TO SUBURBS HAS WIDE IMPACT

The United States is in the midst of one of the great population shifts in its history as the result of a mass migration from the cities to the suburbs of the metropolitan areas.

This movement from the crowds to the more "open spaces" first took on real significance after World War I. It reached spectacular proportions in the decade of the Forties, and is still continuing.

Figures for 168 metropolitan areas compiled by the U. S. Bureau of the Census show that the suburbs had a combined population gain half again as great as their central cities between 1940 and 1950, and that the suburbs' rate of growth was two and one-half times greater besides. The number of persons in the suburbs increased 9.2 millions in the 1940-50 period, a rise of 35½ per cent. The increase for the central cities added up to just over 6 millions for a rise of 13.9 per cent.

Economic Impact of Shift . . .

This population shift is countrywide, as the Bureau of the Census figures show. It has brought a train of economic consequences in its wake, headaches as well as benefits. In this respect, it is reminiscent of the impact of the reverse flow of the population up to around the early part of this century when people flocked from the country to the city to take advantage of the jobs and oppor-

tunities opened up by the country's rapid industrialization.

One of the major problems brought about by this population movement has been a severe impact on municipal finances. This problem has been complicated by the repercussions of the rise in the general price level during and since the last war on the cost of maintaining existing municipal services and facilities as well as providing the new ones needed.

In many cases, the property tax, which has been the traditional backbone of municipal revenues, has failed to produce the income needed to make ends meet. As a result, communities have been reaching out for new sources of revenue.

Many Factors Involved . . .

The shifting of the population is a by-product of many factors. Relocation and decentralization of industry during and since the war has been a big influence. Above all, however, is the fact that more people have had higher incomes and have been able to save in recent years than ever before. This has enabled them to satisfy the universal urge to own their own homes and to take their families away from the crowds and other aspects of city living.

—Insurance Economic Surveys.

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MOVIES OF SIAMESE TWIN OPERATIONS ON A.M.A. MEETING PROGRAM

NEW YORK—Color motion pictures of the dramatic operations which separated the Brodie Siamese twins and gave Rodney Dee an opportunity for a normal life were a highlight of the scientific program at the American Medical Association's 102nd annual meeting. This was the first showing of the pictures before a large medical group.

The unprecedented separation of the twins, joined head to head and feet pointing in opposite directions, took place in Chicago last December 17, after an operation which lasted for 12 hours and 40 minutes.

Because the twins shared an important blood vessel in the head, and also the membrane which covers and protects the brain, the surgeons found it necessary to give these to one of the two tots. Rodney Dee, stronger and more likely to survive the ordeal, was selected.

Roger Lee held on to life for more than a month after the separation, dying quietly on January 20. At last reports, the surviving twin was off the critical list. This was the first time in medical history that Siamese twins of the Brodie type were separated without death occurring during the operation.

The motion pictures of the twins before, during and after a series of operations, were shown in the Bowman Room of the Hotel Biltmore. The screening was open only to doctors and guests registered for the meeting. A member of the surgical team of 17 which participated in the separation operation explained the steps.

Twenty-nine films, covering many phases of medicine and surgery, were shown in the motion picture program, many of which had their premier.

Dr. F. D. Dodrill, Detroit, presented for the first time a motion picture of a valve in a live human heart. This was made possible by the development of a mechanical heart which has been used successfully to by-pass the right side of a patient's heart during surgery on the organ.

As an aid to doctors in isolated communities, the Veterans Administration presented a film showing how physicians without the use of modern medical appliances can handle severe fracture cases in a farmhouse environment.

PHYSICAL QUALIFICATIONS LOWERED FOR DOCTORS BY SELECTIVE SERVICE

Many local physicians who are in Priority III and who previously were found not available for military service now have been found available for duty under revised physical qualifications set down by the Defense Department in Washington.

That is the word from Selective Service which explained that, for all practical purposes, the standard now is this: "If a physician is able to do private practice he is able to serve in the medical department of the Army, Navy, Air Force or Public Health Service." Of course, it was pointed out, there are obvious exceptions to this.

What this means can be explained thusly: A physician who was examined, say, last Fall, and was found 4F now is likely to receive (or already has received) a notice that he now is available for duty. This availability can be determined, Selective Service says, without calling the physician in for another examination merely by rechecking records of earlier physical examinations. Or, of course, the doctor may be called in for another round of tests.

Appeal from any classification, naturally, still is available through regular Selective Service channels.

When physicians more than 40 years old will be taken is a "\$64 question," in the words of draft officials but it probably will be sometime this late summer or fall. Dentists now are being taken in the 36-year-old group.

From now on practically all of the calls for physicians will have to be met from priority III because practically all of the priority I and II doctors now are in service.

—Indianapolis Bulletin.

Round Number

We had discussed arrangements for her operation—coming a year after her husband's. Everything was settled but the matter of payment, and the woman brought this up herself:

"Will it be all right if I pay the same way my husband did?"

"Certainly," I said.

Later I asked my secretary how much the woman's husband had paid. The files showed the answer: Nothing.

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UNITED STATES MEDICAL AND DENTAL ACADEMY

House Bill 2718 (Heller, N.Y.) . . .

Would create a medical and dental school for physicians and dentists of the armed services and the Public Health Service. Four students would be selected from each Congressional district and each territory, six from the District of Columbia, four from Puerto Rico, two from the Canal Zone, eight from each State, and one hundred thirty-two from the United States at large. Each Senator and Representative would be entitled to have four of his appointees in the school at all times. Course of study would be such as prescribed in "responsible and recognized medical and dental schools." (A similar bill by the same author last Congress provided that the course of study be prescribed by the American Medical Association and listed subjects to be included.) Upon graduation students would be commissioned in the armed services or the Public Health Service as needed and could be required to stay in such service for at least 5 years. In direct charge of the Academy would be a Superintendent to be appointed by the President with the consent of the Senate. Matters of policy, including the number of instructors and courses of study, would be decided by the Secretary of Defense and the Surgeon General of the Public Health Service, upon recommendations by the Superintendent. A Board of Visitors would include 5 persons appointed by the President, 3 of whom at least shall be outstanding in the fields of medicine or medical research.

—A.M.A. Washington Letter.

A recent issue of THE DETROITER, publication of the Detroit Board of Commerce, points out that U. S. Mint Director, NELLIE TAYLOR ROSS, has explained why her Mint isn't turning out the customary souvenir inauguration medals for incoming President EISENHOWER. Seems the Medallic Art Company of New York City bid the job cheaper. While the Mint offers to do the job at COST, a private firm can do it faster at less—and *make a profit!* Object lesson for socialist planners?

MARGARINE COLORANTS

It has come to the attention of the American Cancer Society that there is widespread confusion concerning the status of margarine coloring agents as possible causes of human cancer. In some instances legislation prohibiting the use of such agents is contemplated.

Dr. Cameron, the Society's Medical and Scientific Director, has issued the following statement: "There is no direct evidence that *in the amounts used in food coloration* margarine coloring agents cause cancer. The margarine colorants and their permissible quantities are certified by the Food and Drug Administration and, until clear evidence of hazard is brought forth, the Administration's opinion is endorsed by the Society. The question of carcinogenicity of margarine colorants in the amounts approved for human consumption is at present hypothetical."

The Fresh Air Fan

A geriatrician, called to examine an old mountaineer of eighty-four, was amazed at the exceptionally sound condition of the old fellow. "To what do you attribute your enduring good health, Clem?"

"To a agreement me an' the ol' woman made years ago. Whenever a quarrel arose, she'd go to the kitchen 'til it blew over, and I'd go to the back yard."

"I don't see what that has to do with your longevity," argued the doctor.

"Wal, Doc," he drawled, "as a result o' that agreement I reckon I've led what you might call an outdoor life."

The national debt of this country is \$260,222,000,000, which is greater than the combined national debt of all other countries of the world. The total tax load of 72 other nations of the world, including Russia is 68 billion. The United States Federal Tax revenue alone, under the present law, will be 71 billion next year.

—Portland Spokes



Be sure to read these features in JUNE issues of *Spectrum*, appearing in the first section of the Journal of the American Medical Association

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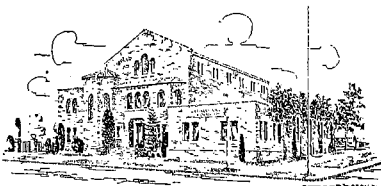
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THE SO-CALLED HANDICAPPED

A handicap is described as a hindrance, impediment, or disadvantage. Millions of people today have turned and are turning their handicaps into advantages, some with greater degrees of success than others. However, with an estimated seven million so-called handicapped in the labor force, a daily increasing number of determined people are proving the hard way that ability counts, not disability. In the words of one group in New York City, the disabled are able.

Where disabilities of birth, sickness, accident, or war are surmounted the hindrance, impediment, or disadvantage becomes less important than the remaining physical abilities when coupled with competence in certain lines of work. Thus, during the past decade America has been sold on the thesis that it's good business to hire the handicapped. Millions have proved conclusively that, on the job, they are not handicapped at all.

The magic of the transformation of a person with a physical handicap into a satisfactory worker with no job handicap has been accomplished by rehabilitation, training, counseling, and selective placement. And, not every one of the handicapped, not even every one of the severely handicapped, needed all of these steps. Some didn't need any at all.

This paper considers the so-called handicapped; people who are not handicapped at all on the job; people who are doing an equal or better day's work than their fellow workers. These people have coupled courage and initiative to their disability and hitched their future to their chosen job when provided with that all-important opportunity to prove to themselves and the world that they can get along.

Nothing Is Impossible

A few years ago, a determined doctor went from hospital to hospital, trying to prove that paraplegics could be rehabilitated for useful living and full employment. Everywhere he went he was told it was "impossible." He chose to ignore the constant repetition of this impossible word. Today, dozens of paraplegics have moved out of the back rooms of mining communities into the bright light of day. They are proving daily that nothing, literally nothing, is impossible when rehabilitation, training, counseling, and selective placement marshal their forces in the twentieth century.

Today, thanks to R. R. Sayers, dozens of hospitals are working with the United Mine Workers Welfare and Retirement Fund in one of the greatest salvage jobs in history. Today, if you are fortunate, you can relive the experiences of

paraplegic miners by viewing the film. *A New Beginning*, which graphically shows how Charlie Moore threw off the handicap of 10 years in a back room and today works from a wheel chair alongside his co-workers. He also had the good sense to marry his nurse!

World War II is over, historically. It will never be over for hundreds of thousands who suffered major disabilities so severe in their lasting effects that the veterans are still confined to hospital beds. However, the Veterans Administration, as the appropriate agent of the people of the United States, can proudly report that 300,000 disabled veterans have completed various rehabilitation and training programs. The Veterans' Employment Service reports more than 870,000 placements of disabled veterans since 1946.

"Rejects" Eliminate Rejects

Some of these men have been working at Wilkes-Barre, Pennsylvania, where Bill Betterly turned out 30,000 Air Force parachute packs without a reject by using the "rejects" of his community, disabled veterans ready, willing, and able to work.

Betterly's boys, dubbed the "guys nobody wanted," completed the job in record time and turned back \$6,000 of unused government funds. Just to make sure that people wouldn't forget the workers at Fibrous-Glass, an Air Force Flying Squad filmed the Wilkes-Barre story.

Again, if you are fortunate, you can see this five-minute film which shows how the guys nobody wanted did a precision job and turned their individual know-how into parachute packs for the Air Force and meat on the table for their families.

At Frankford Arsenal they have been hiring the handicapped since the War of 1812. Today's handicapped at Frankford are known as "Handi-Chaps." Pasquale, that's his name, operates a production machine although totally blind. Erwin's missing right leg doesn't affect his gauge designing work. Simon's short leg poses no problem in the artillery experimental shop. Harry's missing right eye makes it easier for him to fire ammunition as a civilian gunner. He doesn't have to bother shutting the other eye! John is deaf, has been for 20 years, but he's a topflight tool die and gaugemaker. Is it any wonder that the Army and the Air Force have a special program for retaining in the regular service certain officers and men with disabilities?

Up in Alaska, the man who does the instructing in welding at Elmerdorf Air Force Base has no right hand. In Chicago a missing leg doesn't keep a successful chemical manufacturer from employing dozens of workers with physical handicaps. Prospective employers were much more interested in George Barr's missing leg than in his degree in chemistry. He decided to work for himself since nobody else would hire him. Today, he is the proud possessor of the first President's Trophy ever awarded to a handicapped person. Not to be outdone by the President, the Governor of Illinois named George Barr as Chairman of the Governor's Committee for employment of the handicapped.

Which Is Handicapped?

The artist who designed the President's Trophy has a crippled arm and hand. The woodcarver who

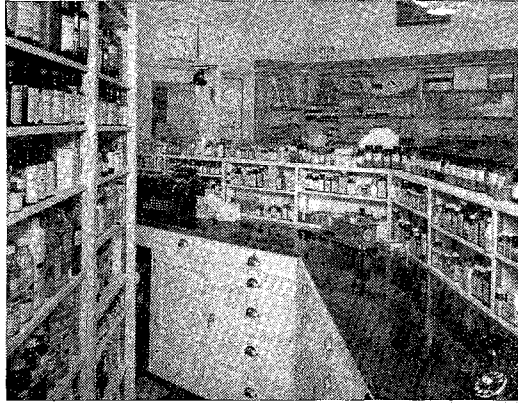
(Continued on Page 27)

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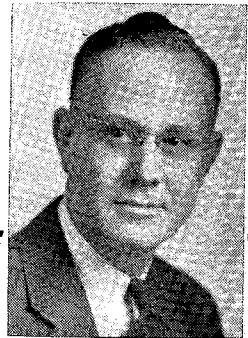
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RAY CHAMBLIN

Under the leadership of these men the "Everything in one place" idea has been gaining wider and wider acceptance. Mountain View Memorial Park is the only institution offering all burial facilities under one management—mortuary, cemetery, chapel, crematory and outdoor columbarium. The Mortuary, while being a part of the park, will conduct services **at any church** and make **burial in any cemetery selected.**

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(Continued from Page 25)

polished the mahogany and carved it into finished beauty suffers from cerebral palsy. The craftsman who gold-tooled the lettering and made the pin seal leather case has a weak heart. The Negro veteran who hand-carved the Great Seal of the United States and engraved the trophy was crippled by a German land mine. Which of these men is handicapped on the job?

Everywhere you go are people with disabilities capably performing simple or complex jobs. Hollywood knows this. You can go to the theatre and see *Bright Victory*, a film which the Chairman of The President's Committee, Vice-Admiral Ross T. McIntire, has called "unforgettable." It is the story of the rehabilitation of the war blind. You can turn your minds back to *The Stratton Story* and remember that even in the great American game, a handicap can be conquered. You have only to remember *The Men* and tell yourself again that this weak body of ours still takes orders from the spirit. And who can forget Harold Russell in *The Best Years of Our Lives* or golfer Ben Hogan in *Follow the Sun*?

Representative Chuck Potter's Michigan constituents don't consider that his missing legs handicap him from doing his job for them. West Virginia's citizens don't feel that Okey Patteson's two artificial limbs prevent him from being a good Governor. And, the people of America didn't consider Franklin Delano Roosevelt as handicapped. Of course, these are the dramatic examples. It remained for beautiful, talented; polio-crippled Connie Boswell to sum the whole thing up in one sentence. "After all," she said, "persons should be employed for what they CAN do, and not rejected because of what they CAN'T do."

Public Opinion Favorable

The Gallup Poll found out a few years ago, not to anybody's surprise, that 88 per cent of the people thought the so-called handicapped worker equaled or excelled the able-bodied.

Recent surveys by the Chamber of Commerce, the National Association of Manufacturers, the Atomic Energy Commission, and the Bureau of Labor Statistics all proved that the so-called handicapped were adaptable, careful, productive, capable, dependable, and steady.

In the last 10 years, the public employment service has made 2,255,000 placements of people with disabilities. Last year's placement figures totaled 270,000. In the last seven years the U. S. Civil Service Commission placed 110,000 severely disabled workers. In the first nine months of 1951 alone, the Commission placed 14,422. The Office of Vocational Rehabilitation states that 67,000 men and women were rehabilitated into employment during fiscal '51.

Past progress merely proves the need for public education, information, and promotion. In spite of the tremendous good will which the so-called handicapped have won in the hearts of the public and the minds of many employers, we should admit that we have only begun. The Government says that two million more men and women could be added to the labor force with proper rehabilitation,

training, counseling, and selective placement.

As professionals in this field of helping people to help themselves, you must set your sights on this goal of an additional two million. The climate is right. The stage is set. You have only to do your job better to accomplish the desired results.

In March the NAM's John Convery reported that the Richmond Office of the Virginia Employment Service placed a larger percentage of physically handicapped applicants than non-handicapped job applicants. In Richmond, he said, "resistance to hiring the handicapped has been pretty well dissipated." In presenting an applicant to an employer, Manager A. W. Clopton explains the man-matching procedure which they employ and mentions the handicap as incidental.

There's on old ditty that goes something like this, "In your journey through life, let this be your goal; keep your eye on the doughnut and not on the hole."

That's why some seven million so-called handicapped men and women are working today, because rehabilitation, training, counseling, and employment experts are considering the worker as a worker and the handicap as incidental.

—U. S. Labor Department.

Medical Care Regardless of Ability To Pay

I am calling county medical societies' attention to another house action which strongly supported programs offering to provide the services of a physician to anyone unable to pay for them.

The house supported the Board of Trustees plea that the A.M.A. "heartily endorse such medical care programs."

The reference committee report, as adopted by the house, follows:

"Protests have been made at various times that medical care is being denied certain individuals because of its cost. As is well known, the prime object of the medical profession is to serve humanity, regardless of reward or financial gain, and with a view to implementation of this principle a number of county medical societies have successfully conducted and publicized programs offering to provide the services of a physician to anyone unable to pay for them, which we believe have conclusively answered such protests.

"The Board of Trustees urges that the American Medical Association heartily endorse such medical care programs and undertake an energetic campaign to implement them, that the constituent state medical societies be encouraged to organize and vigorously promote similar campaigns embodying the principles of such programs, and that these campaigns be made known to the public through every effective medium of communication."

—George Lull, M. D., Secretary, A.M.A.

A drunk walked into an open elevator shaft and fell three stories. Gingerly he stood up, brushed himself off, reseated his hat. "Dammit," he exclaimed, "I said up!"

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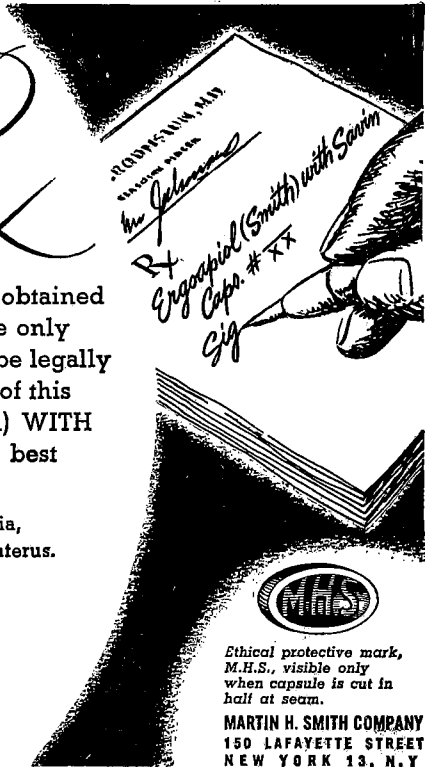
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SOLVING THE PROBLEMS

Every fair-minded person recognizes that there are problems connected with medical care for the people which remain unsolved. By the same token, every fair-minded person also recognizes that tremendous progress in expanding and bettering medical care has been made in recent years.

The voluntary medical insurance systems, which provide protection for the family at a cost of a few dollars a month, have been an outstanding success. Their membership runs into the tens of millions and is growing still. But the proponents of compulsory government health insurance, which is a polite term for semi-socialized medicine, have criticized them on the grounds that they do not cover catastrophic illness—that is, chronic ailments of long duration.

Yet the fact is that the proposed government insurance system does not meet this problem. It provides only for a brief and limited period of hospitalization and other services. It would offer nothing that private plans do not offer. But it would substitute compulsion for voluntary action by the individual, and it would saddle the medical profession and the taxpayers of the nation with a great new bureaucracy with an annual budget of many billions.

Moreover, much work is now being done by physicians and the voluntary insurance organizations in attacking the problem of catastrophic illness. It is an extremely difficult problem, and it will not be solved quickly or easily. But, step by

step, the goal of ever-improving medical care for all is being reached.

American health standards are now the best in the world. That is an accomplishment of free medicine and voluntary action by the people. Still better standards will result from the same causes.

—*Editorial in Bulletin of
Orleans Parish Medical Society.*

SOCIALISM—If you have two cows, you give one to your neighbor.

COMMUNISM—If you have two cows, you give them to the government and then the government gives you some milk.

FASCISM—If you have two cows, you keep the cows and give the milk to the government. Then the government sells you some milk.

NEW DEALISM—If you have two cows, you shoot one and milk the other; then you pour the milk down the drain.

NAZISM—If you have two cows, the government shoots you and keeps the cows.

CAPITALISM—If you have two cows, you sell one and buy a bull.

PLAYING IT SAFE

Pat was thought to be dying. A friend at the bedside asked:

"Have you made peace with God and denounced the devil?"

"I've made peace with God," Pat answered, "but I'm in no position to antagonize anybody!"

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STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

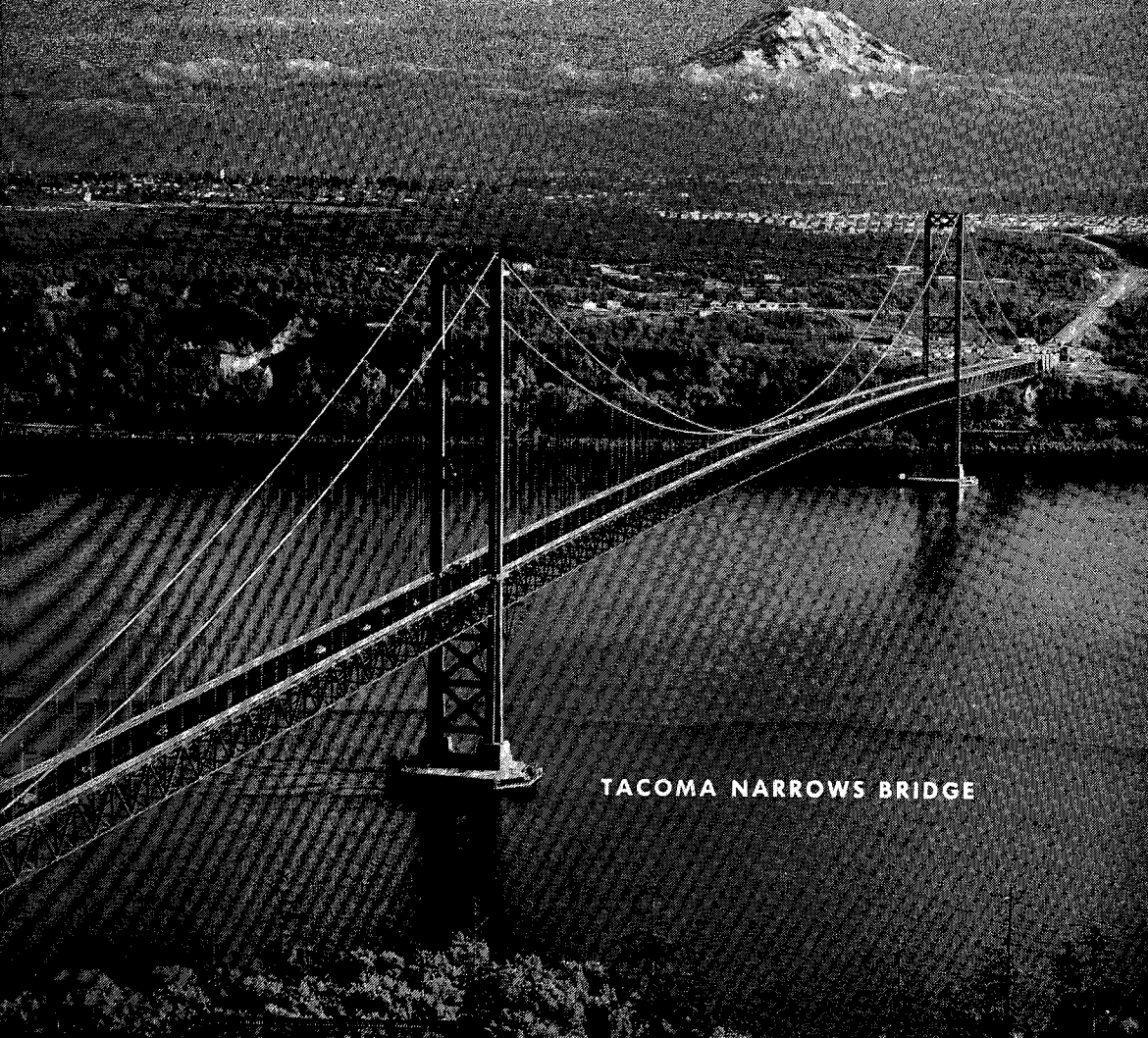
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIII—No. 11

TACOMA, WASH.

JULY - 1953

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1953

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DOCTOR IN CONGRESS

Among new members of Congress are Dr. Will E. Neal, a physician, and Dr. George S. Long, a dentist. Dr. Neal has expressed a preference for appointment to Interstate Commerce Committee, which handles bulk of general health legislation introduced in House. It has been many years since a doctor of medicine sat on that committee. Sole Republican in West Virginia's Congressional delegation, Dr. Neal's voice and actions fulfill fractional conception of the wise, able and sympathetic family doctor. This is quite understandable since he has had nearly 47 years experience as a general practitioner.

Although his own state is having financial worries trying to set up a four-year medical school, Dr. Neal is skeptical of Federal aid (even of help in construction of buildings). Foreign travel in past five years—Australia, New Zealand, Europe, India, South Africa—impressed him with risks accompanying governmental intercession in medical care. His opposition to socialization of medicine is based on first-hand observation, not on scare labels or catch phrases. Dr. Neal thinks Eisenhower Cabinet should have a Department of Health.

"REMEMBER THE BLOOD BANK"

ARTIFICIAL INSEMINATION 'The Problem of Artificial Adultery'

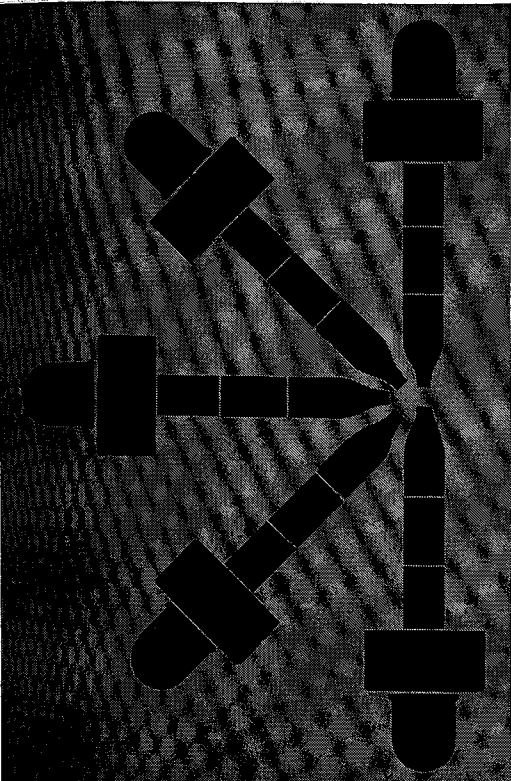
Many childless couples and "artificial insemination (AI) children" are bewildered by the judicial system in the United States. In any of the 48 states, as yet, the mother of an AI baby, by a donor other than her husband, cannot be declared adulterous. In such a case, it has not been settled whether the child is a "legitimate" offspring of the mother's husband, and thereby entitled to all the privileges of inheritance and name of this husband. This article reports that the A.M.A. shies away from the question of adultery, but it brands the AI child illegitimate, even though the husband has given his consent to the AI procedure. In a New York State Supreme Court ruling, a child was declared legitimate because the husband gave his consent, but in this same State outspoken opponents of AI declare that the husband has no greater moral right to consent to AI than to adultery.

—Focus.

NOTICE

Check back page of Bulletin for calendar
of special meetings

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



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Editorially Speaking . . .

My friend is in his early forties and judging from the amount of well-paid-for work he does week after week: his excellent health, an attractive home and family, you would say "life is good to him." I have known him for several years and was surprised a few weeks ago to have him say "I don't think I want either of my boys to study medicine." That opinion was a challenge, and warranted a friendly discussion.

He recited the story of his education with its long years of hard work and self denial, and how the future professional road will be longer, more difficult and the financial rewards which have been his, would not be for his boys, and so he would do all he could to lead them into a business career.

For all my doctor friend's professional abilities he was trying to convince himself that the worthwhile days for medicine were limited. He spoke of the increasing nation-wide favor for prepaid forms of medical and hospital care; of the "fringe benefits" included in labor agreements; the growth of Blue Cross and Blue Shield, and the coming into the medical care field of so many insurance companies. In his opinion the time was not far distant when a depression would put private practice under government control, and he didn't want his boys to be dependent on such a situation.

I told him his gloomy prognosis was very possible, even probable, but that his thinking hadn't travelled far enough. People will continue to become ill and require medical and surgical skills which only our profession can furnish. Study and research will always provide rewards more satisfying than fees, and medicine's long history of discovery and service can never be set aside by a few short years of changing governmental policies.

We had a pleasant visit and my parting suggestion was that if one of his boys was determined to study medicine I was certain that he would become an M.D., and equally sure that the boy would have his father's continued help and encouragement.

LEWIS HOPKINS.

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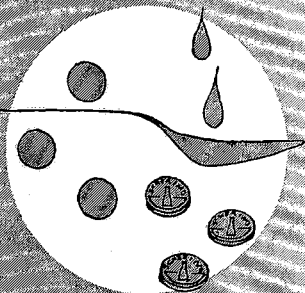
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FISH - FUN - FOOD



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Dr. George Kunz and Dr. Merrill Wicks

Pierce County Medical Society held its Annual Fishing Derby, Golf Tournament and Banquet on June 12th.

The day's festivities started with approximately forty hardy fishermen gathering at Day Island and the Yacht Club at 4 a.m. Under the direction of Dr. Louis Rosenblatt they were assigned to boats furnished by the following: Doctors Vadheim, Sames, Sanderson, Stafford, Bacon, Trimble, Anderson, Rosenblatt, Adams, Hennings, and West.

The fishing was good and "Humpies" were caught by doctors on most of the boats. Some of the fishermen were so fortunate as to have breakfast served aboard. Under the watchful eye of the committee the catch was weighed in at 9 a.m. Dr.

Sam Adams received the prize for the largest fish caught and Dr. Fred Schwind was awarded the prize for catching the most fish. A fine assortment of prizes was awarded to the following for their fishing prowess: Drs. W. L. Sobba, Howard Pratt, Arnold Hermann, Dumont Staatz, Miles Parrott, Charles Trimble, Haskel Maier, Merrill Wicks, George Kunz and Jack Mandeville. Dr. Ed Yoder distinguished himself by catching the largest cod. Unfortunately for some, no prizes were allowed for dog fish of any size.

The Golf Tournament was held in the afternoon with many participants. Dr. George Moosey displayed his usual consistent form and his low net score won for him the coveted gold cup for the year to follow.

All participants of the day's fun gathered at the Country Club for a social hour followed by a delicious steak dinner at 7:30.

Dr. Ed Anderson and his efficient committee won much deserved praise for their successful work.

The prize winners of the Annual Golf Tournament were as follows:

- Low gross and low net—Dr. George Moosey.
- High gross—Dr. Jack Lee.
- Low pair—Drs. Moosey and Durkin.

Handicap Under 15

- Longest drive and closest to pin on 11th hole—Dr. Robert Brooke.
- Closest to pin on 6th hole—Dr. Jess Read.

Handicap Over 15

- Longest drive—Dr. Robert Gibson.

Dr. Ernst Navratil, professor of obstetrics and gynecology at the University of Gratz, Austria, won a door prize. Dr. Navratil was the guest of Dr. Havlina who studied under Dr. Navratil during his recent stay in Austria.

The prizes for the Golf Tournament consisted of sport shirts, caps, golf balls, etc.

"REMEMBER THE BLOOD BANK"

The ears were made for learning, not the vocal cords. Everyone knows that it is practically impossible for a human being to learn something when his mouth is open.

Karen Rynning
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NOTES FROM THE SOCIETY'S OFFICE

The latest available statistics show that the number of physicians in the United States has reached an all time high of 211,680.

* * *

If you have medical books of almost any kind: periodicals, monographs, textbooks, etc., that you do not want you would be performing a worthwhile act by sending them to South Korean medical schools and hospitals. You may mail shipments, express collect to Alameda Medical Depot, 2155 Webster Street, Alameda, California. Each shipment should be clearly marked: "Kormeded." If it is not convenient for you to pack and ship them, bring them to the office and we will take care of it for you.

* * *

We have interviewed and taken the applications of over 85 girls in the past year who were looking for positions in doctor's offices. We do not have the figures on those that were placed as we are not always informed as to the success of each applicant, but we do know of several who happily have made good on the jobs that we sent them on. This service is free to both the applicant and the doctor.

* * *

Did you know that Dr. Wilfred Olson, lately of Northern Pacific Hospital is now in St. Louis? He has a residency at the Missouri Pacific Hospital.

* * *

Dr. C. E. Watts, President of the Washington State Medical Association, Ralph Neill, Executive Secretary of the Association and Vern Vixie, newly appointed Public Relations Director for the Association, were in Tacoma last week. They had lunch with Dr. Parrott and a few other doctors and your executive secretary at the Tacoma Club. Public relation improvements were discussed and plans were formulated for working on them in Pierce County. Mr. Neill said that Pierce County Medical Society has a good record as far as paid-up members is concerned.

* * *

Dr. Ralph Schaeffer, who has recently retired from active practice, donated over fifty valuable volumes of medical books to the library. We are very pleased to have them as many of them are classics in their field.

"REMEMBER THE BLOOD BANK"

It was in a little town in a mountainous region of our Country and the local drunk staggered out of a bar. Gazing around in a defuddled manner, he spotted the town's only taxicab in front of the bar and climbed into the back seat.

"Take me to Charley's Place, driver," he said.

"Buddy, you're in front of Charley's Place now," replied the driver.

"O.K., Mac," said the drunk as he staggered out of the Cab. "But next time, don't drive so blamed fast!"

—Don Bennett.

BALLARD SNOW MUST GO

Ballard, a section of Seattle, has a number of large lumber mills which burn waste wood for power and in some cases merely to get rid of it. As a result of the large quantities of wood burned, the plants spray cinders over the entire area. Merchants are faced with undue cleaning operations in comparison with the rest of the city. The hundreds of fishermen who moor their boats in this area often have to move them to another area in order to paint them.irate housewives complain bitterly of soiled porches, laundry, etc. This cinder fall problem is not new—in fact it has been discussed so much that everyone knows that "Ballard snow" is a common name for wood cinders.

Faced with an increasing opposition to this condition by many of its members, the Ballard Commercial Club decided to thresh out the problem by means of a public meeting. In order to obtain publicity for the meeting they used the slogan "Ballard Snow Must Go."

At the luncheon meeting (embellished with cinder salads) the Environmental Research Laboratory presented data obtained in an air pollution study sponsored by a group of mill owners and merchants. Flypaper-like boards were displayed to show the amount of cinders which each mill had deposited during two-hour test periods. Dirt-fall measurements for the Ballard area average 221 tons per square mile per month while the Seattle average was 20.5 tons for the corresponding period. In Ballard 71.6 per cent of the collected dirt was combustible and the Seattle average was 35.6 per cent. From these figures it can be seen that Ballard is about 10 times as dirty as the rest of Seattle.

The mill operators said that they are trying to correct the situation. They mentioned use of waste wood in by-products, but indicated that development of this phase is time consuming. Also they indicated that collection of the cinders was not feasible and would cost from \$30,000 to \$50,000, which would be prohibitive.

The merchants answered that cleaning the cinders was currently costing each one of them up to several thousand a year more than other Seattle merchants, and talked about collecting damages.

Both groups discussed economic pressures—one building owner admitted the extra costs, but thought the mills' payrolls were worth it. The mill owners mentioned the payrolls also. Rumors circulating prior to the meeting indicated that labor feared loss of work if correction was mandatory. The meeting ended with no answers to these conflicting opinions.

Currently the merchants have collected a list of comparable plants using acceptable cinder collectors, in order to show that other areas have materially reduced cinder emission. Also certain individual merchants have indicated they intend to obtain relief by legal action.

"REMEMBER THE BLOOD BANK"

The best way to double your money is to fold it once and put it back in your pocket.

—Abe Martin

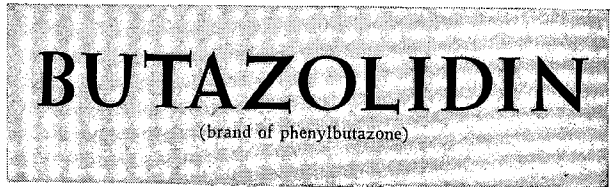
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1. Steinbrocker, O.; Berkowitz, S.; Ehrlich, M.; Elkind, M., and Carp, S.: Paper read before the Annual Meeting of the American Rheumatism Association, Chicago, Ill., June 6, 1952.

2. Kuzell, W. C.; Schaffarzick, R. W.; Brown, B., and Mankle, E. A.: J.A.M.A. 149:729 (June 21) 1952.

3. Smith, C. H., and Kunz, H. C.: J. M. Soc. New Jersey 49:306, 1952.



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The Hospitals . . .

PIERCE COUNTY

Dr. Franz Hoskins and Dr. Leon Meyer, former Pierce County Hospital physicians, paid visits to the hospital during the past week. Dr. Hoskins has become associated with Dr. Leo Annest. Dr. Meyer is planning on starting practice in Hayward, California, having recently completed his army service.

* * *

A nine-pound boy, Richard Eugene, was born to Mr. and Mrs. Eugene Harkness (Maxine Harkness) at the Tacoma General Hospital on June 24. Mrs. Harkness was formerly with the Pierce County Hospital Record department.

* * *

Miss Anita Preston of Physiotherapy has returned from an extended trip to Washington, D. C., and to the Physiotherapy convention held in Texas. Through a personal friend, who is an aide to President Eisenhower, Miss Preston visited in the White House and met the President, Mr. Dulles and Mr. Stassen.

* * *

Mrs. Louise Hershey of Social Service attended the graduation of her daughter, Beverly, from the University of Oregon Medical School of Nursing in Portland, Oregon, on June 5, 1953. Miss Hershey graduated with a B. S. in Nursing.

* * *

Social Service honored the birthdays of Mrs. M. Huntoon Williamson and Mrs. Helen McKibbon, both of whom had birthdays last week. Home-made cakes, strawberries and coffee were served in the department reception room.

Two new members have been added to the Laboratory department. They are Mrs. Louanne Peart and Miss Lavon Bowles. Mrs. Peart received her training at Tacoma General Hospital and Miss Bowles received hers in Waco, Texas. She has recently been doing technician work in the V.A. Hospital at Ft. Riley, San Francisco.

* * *

Mrs. Mabel Johnson of the Laboratory is on vacation with her family at Olympia Hot Springs. During her absence Mrs. Norma Johnson Kinsman is substituting for her.

* * *

Mrs. and Mr. Howitz (Joan Howitz of the Diet Department) are the proud parents of a baby boy, James Edward, born on June 12.

* * *

Dr. F. Gordan Dunn of Ontario, Canada, has recently joined the group of Internes at Pierce County.

* * *

A new member has been added to the x-ray department. She is Mrs. Eleanor Schwarz, who came to Tacoma recently from the Cottage Hospital in Santa Barbara, California. Her husband, Corporal Richard Schwarz is stationed at Fort Lewis.

* * *

Among those going on vacation are Mrs. Lee

Doan of the Dining Room staff, who with her husband is motoring to Lake Chelan, and Dorothy McDeavitt of Emergency, who left with her family and husband for Seaside, Oregon.

* * *

Florence Kremer of the third floor staff entertained the personnel of the third floor at a delightful picnic supper at her summer home on American Lake.

* * *

Dr. Myron Bass, who has been resident physician at Pierce County Hospital during the past year, has left for Pittsburg, Pennsylvania, where he will do residency work at the Elizabeth Steele Magee Hospital.

"REMEMBER THE BLOOD BANK"

TACOMA GENERAL

Tacoma General Hospital extends congratulations to Dr. and Mrs. Michael Irvin on the birth of a daughter, Rebecca Lois, on June 8; and to Dr. and Mrs. Rodney Brown on the birth of a daughter, Jennifer Leah, on June 20.

* * *

Dr. Albert Venables has completed a year's residency in Pathology, and will leave July 1 to become Associate Pathologist at St. Luke's Hospital in Milwaukee, Wisconsin.

* * *

Dr. Joseph Hansen will begin a residency in Pathology on July 1.

* * *

New Assistant Administrative Dietitian is Miss Katherine Mansperger, who comes from Riverton Sanitarium, where she has been Head Dietitian for several years.

* * *

Dictaphones have been installed on First North, First South, Second North, Second South. These are for the use of doctors in dictating histories.

* * *

The Department of Anesthesiology has been honored by a two weeks' visit from Dr. Dominic Semeraro of the University of Turin, Turin, Italy. Dr. Semeraro has just completed a residency in Anesthesiology at Bellevue Hospital, New York, and will soon return to Italy to become assistant to the famous Dr. Dogliotti, professor of Anesthesiology at the University of Turin.

* * *

Tacoma General Hospital and the Department of Anesthesiology are very sorry to lose Dr. Dorothy Walker. With her husband, Lieutenant Colonel Walker, she has gone to Brooke General Hospital, Fort Sam Houston, Texas.

* * *

Dr. John Bonica attended the annual convention of the American Medical Association, where he had an exhibit and presented a paper on the "Man-

(Continued on Page 15)

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(Continued from Page 13)

agement of Cancer Pain" before the section on General Practice.

* * *

Announcement has been made of the engagement of Miss Susan Bair to Dr. Charles Veirs. Miss Bair is a graduate of the Tacoma General Hospital School of Nursing and is the night nurse on Ward A. Dr. Veirs has just completed his year's internship here. They will be married on July 22.

* * *

The 359th General Hospital, U.S.A.R., goes to camp for two weeks beginning July 5. Members of the staff of Tacoma General Hospital who belong to this unit are, Miss Borghild Robertson, Dr. Charles Larson, Dr. Phillip Backup, Dr. Max Thomas, Dr. Louis Hoyer, Dr. Charles Kemp, Mr. Kenneth Ollar.

* * *

A "Fairchild Roll Film Cassette" for cerebral arteriograms is the latest equipment addition to the X-ray Department.

"REMEMBER THE BLOOD BANK"

VETERANS ADMINISTRATION

American Lake, Washington

Members of our Psychiatric Staff and the Psychology Service recently attended a three-day institute in Group Therapy given by the University of Washington.

* * *

Dr. J. C. Stauffacher, Dr. L. Navran and Dr. Libby Blek attended the meeting of the Western Psychological Association, held in Seattle June 18, 19 and 20.

* * *

Dr. Harry D. Hunter recently resigned from our Medical Staff in order to take up a residency with Pinel Foundation Hospital in Seattle.

* * *

Dr. and Mrs. Frank C. Bowers are vacationing in New York City for a month.

* * *

Dr. William M. M. Kirby of the Department of Medicine, University of Washington, delivered a lecture on "Poliomyelitis." The lecture was well attended by our own and visiting physicians.

* * *

Miss Florence M. Naske, Chief, Nursing Service and Miss Florence Muchhauser, Assistant Director, Nursing Education, attended the first Convention of the National League for Nursing held at Cleveland, Ohio, the week of June 21st.

* * *

On May 29 and 30, Myrla Smith, Chief, Occupational Therapy, attended the Western International Occupational Therapy and Physical Therapy Meeting in Vancouver, B. C. This is an annual meeting at which time papers pertinent to the field of rehabilitation are presented by doctors and therapists. Miss Smith visited the Western Rehabilitation Society in Vancouver and the Provincial Mental Hospital at Essondale.

* * *

Mrs. Donna M. Cook, Occupational Therapist, resigned recently to accompany her husband, who is being transferred to Fort Belvoir, Virginia. Mrs. Cook was in charge of Occupational Therapy in the Geriatrics Building. Before leaving, Mrs. Cook and her husband were honored at a dinner for all Physical Medicine and Rehabilitation personnel. Mrs. Shirley Baxter, O.T.R. is a temporary replacement for Mrs. Cook. A graduate of the University of Illinois, Mrs. Baxter has worked at St. Luke's Hospital in Chicago.

* * *

During the week of June 21, Miss Nancy Hulings, Chief Occupational Therapist at the VA Hospital at Roseburg, Oregon, will be on duty at this hospital. Miss Hulings has been at Roseburg for two years. Prior to that she was in the army, stationed at Fitzsimmons General Hospital in Denver, Colorado. With the opening of the summer session at the College of Puget Sound, the O. T. Department is anticipating more Occupational Therapy students as volunteers. The students report each week for entire semester as volunteers. They work under the supervision of graduate therapists and have an opportunity to observe O.T. treatment for psychiatric patients and learn new treatment media.

"REMEMBER THE BLOOD BANK"

SENATE PASSES DOCTOR DRAFT; FINAL PROVISIONS UP TO CONFERENCE

With Senate passage yesterday (May 28) of the doctor draft bill, final wording will be worked out in Conference Committee. The House passed its own version on May 12. As passed by the Senate, the bill contains a provision for continuing the \$100 per month special pay for physicians and dentists and extends the benefit to veterinarians. Neither of these points is in the House-approved measure. Other major differences concern the length of service to be required of men who already have served. Under the House bill men with 21 months' prior duty could not be called at all, and those with 12 months or more could be called for only 17 months. The Senate bill also would exempt men with 21 months' service, but for others sets up this sliding scale:

If less than six months' prior service, 24 months would be required.

If more than six months but less than nine, 21 months required.

If more than nine but less than 12 months, 19 months required.

If more than 12 but less than 15 months, 17 months required.

If more than 15 but less than 21 months, 14 months required.

Under both bills, priority 2 men with 17 months' service would go to priority 4. For details of the House bill, see AMA Washington Letter for May 1; with the exceptions noted above, the two bills are similar.

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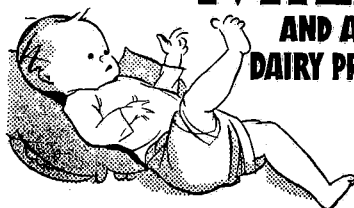
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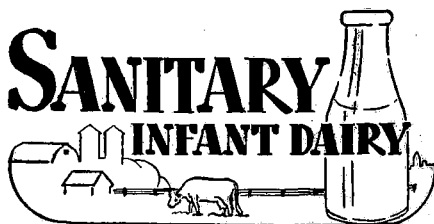


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Medical Schools Key to Nation's Health

The medical schools are the sole producers of the nation's medical manpower. They train approximately 27,000 undergraduates annually, plus some 55,000 other medical personnel. They graduate 6,500 doctors annually, 1,000 more than a decade ago, but not enough to keep pace with growing demand. From their laboratories flow many of the medical discoveries which improve health, conquer disease, prolong life. Their potential intimately concerns every individual in the nation.

1953 Deficits Estimated at \$10,000,000

Today, mounting financial deficits threaten the ability of the schools to meet the nation's health needs. Many schools cannot maintain adequate faculties; others lack essential laboratory facilities; all have been forced to retrench at the expense of teaching standards. Three have merged with tax-supported State universities, two in New York and one in Texas. At present, one in 20 full-time teaching positions is vacant. Already, faculty time per individual medical student is 7% lower than a decade ago.

High Cost of Training a Doctor

It costs from \$10,000 to \$12,000 to train a doctor today. The rapid increase in medical training costs in the last decade has been staggering. Teaching budgets have risen 94%; administration, 116%; and plant operation, 45%. Tuition fees, raised 165% since 1940, still pay only one-fifth of these costs. Medical training is the most expensive field of higher education because of many factors: the lengthy training period, high ratio of teachers to students, costly laboratory facilities and complicated training techniques arising from recent scientific advances.

Income Insufficient to Meet Costs

Gifts, endowment income, and general university funds no longer provide sufficient revenue for the medical schools to meet current operating budgets, let alone future demands. Today, the schools take up to 40% of total university budgets, although their enrollment averages only 10% of the total thus creating a heavy drain on university budgets

at the expense of other departments. Income from other sources must be found before irreparable harm is done to both the medical schools and the universities.

Private or Federal Support?

Unless private support is forthcoming, the medical schools will have no choice other than to lower their standards, close down entirely or accept federal aid in amounts that might lead to government domination. Only in a free, unhampered academic climate can medical education contribute most effectively to advancement of the medical sciences. If limited federal aid is to be provided it must be balanced by private support to preserve the independence of the schools. The choice is yours.

„REMEMBER THE BLOOD BANK“

FEWER APPLICANTS FOR MEDICAL SCHOOLS

Continuing a three-year trend, the number of students applying for admission to the nation's medical schools declined again this year according to The Journal of Medical Education. Some 3,150 fewer persons applied this year than in 1951-52 and some 7,600 less than three years ago. Geographical distribution of applicants is uneven, with half of the applicants coming from seven states. The average pre-medical student applies to three or four medical schools. One cautious student this year applied to 45 medical schools and was accepted by one.

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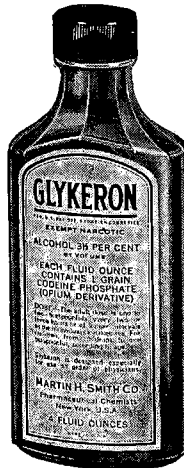
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Literature on request

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POSTGRADUATE STUDY EXPENSES; MAY BECOME DEDUCTIBLE

The U. S. Circuit Court of Appeals, Second Circuit, New York, recently handed down a decision which is of considerable importance to physicians so far as federal income tax is concerned.

For a number of years, the AMA House of Delegates, the Board of Trustees and individual physicians have expressed concern over a ruling of the Commissioner of Internal Revenue that expenses incurred by a physician in pursuing postgraduate medical education were personal in nature and, therefore, not deductible for income tax purposes.

The AMA Bureau of Legal Medicine, as well as individual physicians, has found it extremely difficult to understand the validity of such a ruling because of the fact that physicians have been permitted to deduct, for income tax purposes, the costs of attending medical meetings, of subscriptions to scientific publications, and of dues paid to medical organizations—all of the expenses being incurred by physicians to keep their "stock in trade" up to date.

As a result, the AMA Board of Trustees authorized employment of special tax counsel to pursue this matter, in behalf of the AMA, to a final conclusion. An effort first was made to induce the Commissioner of Internal Revenue to review his earlier decision declaring nondeductible expenses of this sort, but the commissioner refused, holding to his previous decision.

During the course of the study of this matter, it was learned that there was pending before the U. S. Tax Court a case in which a lawyer had been denied the right to deduct expenses incurred by him in attending postgraduate courses on taxation. In view of the fact that the issue involved in the lawyer's case was quite similar to the issue in which medicine was interested, the AMA filed in that case a brief as *amicus curiae*. The Tax Court, however, held against the taxpayer and an appeal was made to the U. S. Court of Appeals; the AMA again filed a brief.

Oral arguments in the case before the Appellate Court were heard on March 11, 1953, and on April 14 the court reversed the decision of the U. S. Tax Court, holding, in effect, that the lawyer could deduct, for federal income tax purposes, the expenses incurred by him in taking a postgraduate course dealing with taxation.

The AMA Bureau of Legal Medicine now plans to confer with its tax counsel and an explanatory story of the doctor-implications in the lawyer case will be prepared for publication in a forthcoming issue of the Journal of the AMA.

"REMEMBER THE BLOOD BANK"

"Oh, John, let's not park here."

" " " " "

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DR. HALSTED

Born in 1852, William S. Halstead was destined to become one of America's great surgeons.

It was Dr. Halstead who first showed that large areas of the body could be anesthetized without subjecting the patient to such agents as ether. He did this by injecting cocaine into the trunk of a nerve, thereby producing anesthesia of the part of the body served by that nerve. This is a technique that is still widely used, although better and safer drugs than cocaine are now available.

The use of rubber gloves in surgery was introduced by Dr. Halsted. Their advantages were so obvious that the use of rubber gloves in surgery soon spread all over the world.

Dr. Halsted also designed an improved hemostat, which is an instrument used in surgery to control bleeding. His design was so suitable that it is still in use.

In 1889, Dr. Halsted devised a greatly improved operation for hernia; it was widely used and benefited countless patients.

Dr. Halsted died in 1922. It was said of Dr. Halsted that "he was a pioneer in America in introducing the scientific method for the improvement of surgical technique. Nowhere have serious operations been more carefully and thoroughly conceived and performed, and there has never been a clinic in which the delicate art of the perfect healing of wounds was better demonstrated."

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Owner of Parkland Pharmacy

NARROWS SPAN DEBT BEING REDUCED

Traffic is increasing on the Tacoma Narrows bridge and it is expected that by September 1 another installment on the bridge can be paid. J. W. Hoover, authority secretary, expects the payment to be \$350,000. Added to the \$1,500,000 already paid, that will leave \$12,150,000 yet to pay to retire the original \$14,000,000 bond issue.

Traffic across the bridge was up in March and April as compared with the same months last year. Revenue has not quite caught up after the toll reductions which were put in effect on March 1.

In March, 1952, the record shows 99,410 automobiles used the toll bridge, carrying 123,830 passengers. The figure for March in 1953 was 106,455 carrying 126,856 passengers. The April figures for 1952 show 105,519 autos with 133,222 passengers and the April figures for 1953 are 112,540 automobiles and 138,907 passengers. Those are the larger figures, but to them must be added trucks, buses, school buses, auto trailers, motorcycles and special conveyances.

Total gross revenues for March of 1952 were \$82,123.40 and for March of 1953 they were \$76,175.48. The total gross revenues for April of 1952 were \$22,436.55 and for April of 1953 were \$82,184.65. The increase traffic did not quite make up for the reductions but the bridge is expected to catch up soon due to increasing traffic volume.

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of May 21, 1953, to June 20, 1953, inclusive:

Amebic Dysentery	1
Chickenpox	61
German Measles	56
Gonorrhoea	32
Infectious Hepatitis	5
Impetigo	1
Influenza	1
Measles	320
Mumps	31
Pneumonia	1
Ringworm	5
Scarlet Fever	58
Septic Sore Throat	1
Syphilis	1
Tuberculosis	14
Whooping Cough	9

"REMEMBER THE BLOOD BANK"

All progress is based upon a universal innate desire on the part of every organism to live beyond its income.

—Samuel Butler.



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WHY REEKS THE GOAT . . .

Chlorophyll's Powers Appear Debunked

LONDON, England—Tests of chlorophyll which refute claims for its ability to deodorize are reported by Dr. John C. Brocklehurst of the University of Glasgow and Stobhill General Hospital, Glasgow, in a recent issue of the British Medical Journal here.

One of these tests eliminates the human nose as an indicator of chlorophyll action. In this test Dr. Brocklehurst used methylmercaptan gas, one of the substances contributing to the odor of the gas normally present in the lower bowel.

This gas was made to pass through a baffle of filter paper soaked in chlorophyll solution. Then it bubbled through tubes containing iodine. Mercaptan combines with iodine to form colorless hydriodic acid, so the time taken to decolorize a standard iodine solution could be taken as a measure of how much mercaptan was stopped by the chlorophyll on the filter paper.

There was no difference in the time taken for mercaptan to go through water and chlorophyll solutions, including one commercially prepared for use on a wick to deodorize air. The chlorophyll did not reduce the amount of gas passing over to the indicator, Dr. Brocklehurst states.

Other tests, made with the human nose as indicator, showed that it did not remove the smell of mercaptan.

Some nose tests, on excreta from an incontinent patient, who was given chlorophyll tablets or pills on alternate three-day courses, also showed no difference in odor during the chlorophyll or non-chlorophyll periods. The person who did the smelling for these tests did not know on which days the patient was given the chlorophyll tablets.

Other tests, which many physicians and laymen can make on themselves, involved taking chlorophyll tablets every four or six hours for 24 hours before eating asparagus. The tablets did not prevent the asparagus odor from developing in the urine.

The odor of one drop of perfume, used in another test, persisted in the experimental jars for five months although all the concentrated chloro-

phyll solution it was put in had evaporated in 14 days.

A test with onions had to be abandoned after 24 hours because the smell of the chlorophyll-treated onions was so offensive.

"REMEMBER THE BLOOD BANK"

IMPROVING ON THE DICTIONARY

Committee—A group that keeps minutes but wastes hours.

Firmness—An admirable quality in ourselves that's regarded as pure stubbornness in other people.

Hobby—Something you go goofy over to keep from going nuts over things in general.

Infant Prodigy—Small child with highly imaginative parents.

In-law—The one law you can't flout.

Joint Account—A bank account in which a husband deposits money and his wife draws it out.

Monologue—Conversation between husband and wife.

Parents—The hardships of a minor's life.

Philosophy—The system of being unhappy intelligently.

Advice—What a man gives when he gets too old to set a bad example.

Average Girl—One who thinks she is "above the average."

Gentleman—One who steps on his cigarette butt so it won't burn the carpet.

Intuition—Suspicion in skirts.

Neatness—The one good thing about being bald.

Secret—Something that is hushed about hither and yon.

Old Timer—One who remembers when a bureau was furniture.

Philosopher—A person who always knows what to do until it happens to him.

Parking Lot—A place where you leave your car to have dents made in the fenders.

Principles—Often prejudices, white-washed and surmounted by a neon halo.

Night Club—An ashtray with music.

—Sangamon County Bulletin.

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LETTER TO MEMBERS OF HOUSE APPROPRIATIONS COMMITTEE

(Re: Second Independent Offices Bill,
VA Hospitalization Rider)

American Medical Association strongly urges the House Appropriations Committee to critically review the hospitalization rider in the Veterans Administration appropriations bill, text of which appears in the Congressional Record for June 4, starting at the bottom of page 6319 and concluding on page 6320. For years our Association has been studying this problem in great detail. While one of the objectives in this rider is certainly praiseworthy, we are convinced beyond any doubt that if the rider is enacted intact the eventual result will be to make millions more veterans fully eligible for hospitalization for all non-service connected conditions, subject only to a sliding scale of partial payment based on income.

Under the first major provision of this rider, VA would be authorized (but not required) to turn away veterans who obviously could afford to pay the entire bill, but would admit those unable to pay the entire bill. Under the second, VA would be directed to attempt to collect the veteran's share of the bill, a percentage which could be determined only by means of a sliding scale based on income or financial resources. In every case the federal government would bear the remainder of the cost.

This second provision is a new concept of federal medical care, one found nowhere else, to our knowledge. It would constitute, in effect, a standing offer on the part of the federal government to pay part of the cost of medical care for every veteran suffering from a non-service connected condition. Even the so-called "inability oath" would lose its meaning, because there would be some payment from all but the most destitute.

It seems to us a reasonable conclusion that in the years ahead millions of veterans would apply for such hospitalization and medical care as a matter of right. This rider would, in our carefully-considered opinion, bring about an unwarranted, dangerous and incalculably expensive ex-

pansion of the Veterans Administration's medical program, in competition with non-government medical care and non-government hospitals. It would establish an uncontrollable program of government-subsidized medicine for a large segment of our population. The long-run effect would be more, not fewer, VA hospitals and larger, not smaller, medical and supporting staffs to care for men whose conditions are not the result of military service.

Our Association heartily supports the objectives of an investigation where there is doubt of the accuracy of the "inability oath," as outlined in the first part of the rider. However, we believe the effectiveness of the legislation would be greatly increased by "directing" not "authorizing" the administrator to make investigations where there is doubt of the accuracy of such statements. There should be no option on the part of the administrator in doubtful cases; every doubtful case should be investigated.

While we realize that the committee is not at this time considering other amendments to the law, it is the standing policy of our Association that care of non-service cases be provided, within limits of existing facilities, only to veterans suffering from tuberculosis or psychiatric or neurological disorders and who are unable to defray their own hospitalization expenses.

F. E. WILSON, M.D.,
*Director, Washington Office,
American Medical Association.*

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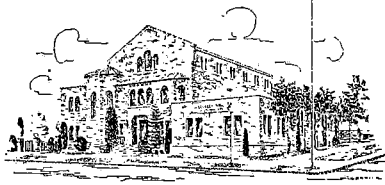
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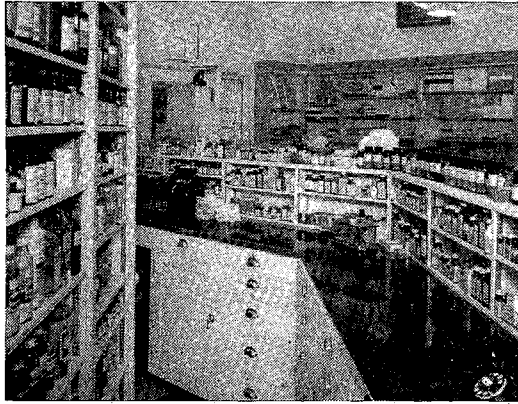
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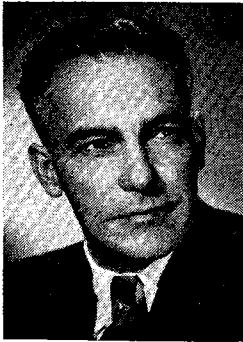


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SECRETARY OF HEALTH AND MEDICINE PROPOSED FOR DEFENSE DEPARTMENT

Unless Congress rejects a reorganization plan now before it, the Defense Department will create the position of Assistant Secretary for Health and Medical matters, to be filled by presidential nomination. *AMA had urged that such a post be set up, "in an effort to insure a more equitable utilization of medical manpower by the armed services."*

On April 30 President Eisenhower presented Reorganization Plan No. 6 to Congress. Among other changes in Defense Department, it proposes appointment of six Assistant Secretaries, but does not specify their duties. Subsequently Secretary Wilson said that one would be assigned to health and medical fields. At the same time Mr. Wilson released the text of a report made by a special temporary Committee on Department of Defense Organization, headed by Nelson A. Rockefeller. The report provides the blueprint for the proposed changes and it is expected that Mr. Wilson will follow its recommendations for assigning responsibilities to the medical secretary.

The Rockefeller report stated:

"The Assistant Secretaries should function as staff heads within their respective fields, in addition to carrying out such special duties and responsibilities as may be assigned to them from time to time by the secretary. They should not be in the direct line of administrative authority between him and the three military departments, but instead should assist in developing policies, prescribing standards and bringing to the Secretary of Defense information on which he may base his decisions. . . . In view of the recognized importance of maintaining high health standards among the personnel of the Armed Forces, and of providing and managing hospitals and other medical installations at the smallest possible cost in dollars and professional personnel, an Assistant Secretary position is justified and necessary. . . ."

"The Assistant Secretary should be charged particularly with making studies and recommendations leading toward development of a more unified system of hospitals and training programs for military medical personnel, especially in the zone of the interior. As several previous studies have pointed out, considerable economies are possible in this area."

The new assistant secretary post would replace that of Assistant to the Secretary for Health Matters, an office recently created to assume the work of the abolished Armed Forces Medical Policy Council. Dr. Melvin Casberg is the present Assistant to the Secretary. Unless either Senate or House rejects Reorganization Plan No. 6 by a majority of all members, it will go into effect 60 days from the date of its presentation to Congress, or about July 1. Government Operations Committees in both houses are studying the plan, but at this writing no hearings have been announced.

"REMEMBER THE BLOOD BANK"

HOW OLD IS NEW?

When the Ancients wrote into the Bible that there is no new thing under the sun, they implied that man cannot create anything basic which has never existed. He can merely discover something unknown, or rediscover something that was previously known but had become lost. He can take what he finds and add to it, subtract from it, or rearrange its elements — thus producing a new combination.

A study of the history of the remedies used by man for the treatment of diseases indicates that many of the modern drugs are not new, but were known to primitive man for many years before they appeared on the shelves of the corner drug-store.

Centuries before the discovery of the wonder mold—penicillin—the peasants in the Balkans applied moldy bread to wounds in order to prevent infection. In some parts of the United States, for years, a piece of moldy cheese was placed on a bad cut to promote healing.

Nearly a thousand years before pharmaceutical manufacturers began refining digitalis, the people of Wales used it for the treatment of heart diseases. The equivalent of the common aspirin pill was swallowed in the form of salicylates by the Hottentots hundreds of years ago.

"Get with child a Mandrake Root"

Studies are now being conducted at the National Cancer Institute in Washington on the effect of mandrake root, which dates back to the sorcerers of the Dark Ages, in checking growth of cancer cells.

—*Bucks County Bulletin.*

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PLANNING PROVIDES HOSPITAL BEDS — SAVES COSTS

When a patient is hospitalized the primary obligation of his doctor is to get him well quickly at as reasonable cost as possible. To do this the doctor needs to plan the hospital stay and supervise it personally. The attending physician, as the chief strategist, must constantly marshal the resources at his command to best advantage if he is to serve his patient efficiently.

Sensible planning of necessary laboratory procedures, X-ray studies, dietary measures, and therapy all demand due consideration. It is not enough just to write a flock of orders and rush off believing they will be carried out promptly. Constant policing is necessary to overcome inertia and get things done. Otherwise the patient's costly stay in the hospital is needlessly prolonged and fewer beds are available to other waiting patients.

Nothing should be allowed to interfere with the indicated diagnostic and therapeutic effort. Carelessness in the use of available resources is a reflection on the ability of the attending physician, besides adding to the financial burden of the patient.

—*Allegheny County Bulletin.*

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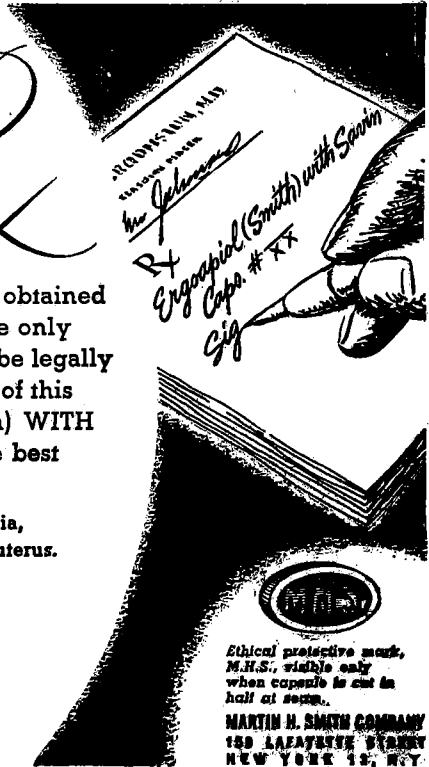
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U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE

The Public Health Service's new Clinical Center at Bethesda, Maryland, will be formally dedicated by Mrs. Oveta Culp Hobby, Secretary of the Department of Health, Education, and Welfare, at ceremonies to be held Thursday, July 2, 1953, the Department announced today.

Four days later, July 6, the first patients will be received in the 14-story medical research center, which combines specially designed space and equipment for laboratory and clinical investigation with facilities for the care of 500 patients.

Marking the culmination of more than 5 years of planning and construction, the dedication will inaugurate use of the new Clinical Center which is designed to strengthen the Public Health Service's efforts to solve the problems of cancer, mental illness, arthritis, heart disease, and other long-term illnesses under research programs conducted by the National Institutes of Health at Bethesda.

Immediately following the dedication, which will be held in the Clinical Center auditorium, the 600 invited guests, including interested scientists and governmental officials, will be conducted on an inspection tour of the research facilities.

Also on July 2, an Open House will be held for the general public from 1:30 p.m. to 9:00 p.m. Portions of the Clinical Center will be opened to visitors, and scientists from the seven research insti-

tutes forming the National Institutes of Health will demonstrate some of the research methods that will be used in the Center.

"REMEMBER THE BLOOD BANK"

CHLOROPHYLL

Commercial preparations of chlorophyll cannot do all that advertisers claimed they can do and possibly they are dangerous if over-large doses are taken, Dr. Alsoph H. Corwin warned. Dr. Corwin, head of the department of chemistry of the Johns Hopkins University, spoke before a meeting of the N. Y. Section of the American Chemical Society. Commercial preparations of chlorophyll are not the chlorophyll of nature he said; they are copper derivatives of the natural substance. Tests at Johns Hopkins indicate that some preparations contain considerably more copper than can be found in the amount of derivative in the sample, and this suggests that an overdose would lead to liver damage, Dr. Corwin said. The commercial preparations cannot be distributed throughout the body via the bloodstream in amounts sufficient to affect perspiration odors, Dr. Corwin added; if they were, those who eat too many pills would become light-sensitive and would perish upon exposure to strong light. Since this has not happened the blood must be free of chlorophyll.

—N. Y. Times.

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TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

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

VOL. XXIII—No. 12

TACOMA, WASH.

AUGUST - 1953

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WHAT YOUR SECRETARY THINKS OF YOU

The Academy of Medicine of Cleveland, Ohio, recently made a survey of medical secretaries. We believe that you will find the results interesting.

The questionnaire contained queries on 27 subjects; they were answered by 214 women. Of the over 200 who answered the question, "How do you like your job?" 144 said that they liked it very much; 49 liked the work most of the time and 7 liked it only part of the time.

The complaint from patients that was the most frequent was the failure of the doctor to keep appointments; problems of fees came next. Other major complaints from patients were: "lack of explanation from the doctor, the difficulty in obtaining appointments, and forgetfulness of the doctor."

The secretaries feel that "the doctor himself can make the greatest progress in building better patient relationships by providing the patient more information about fees, by telling him more about his illness, and by giving him an idea of the many activities and emergencies which make scheduling of office calls a problem."

As for their attitude about their own jobs, the secretaries' biggest complaint is about the long and irregular hours. Other complaints were about insufficient assistance, pay, lack of pensions, and failure to make use of nursing skills."

When asked what they felt are a doctor's strongest points in building the confidence and good will of patients, they said, "Being a family type doctor, skill, honesty, kindness, understanding, patience, sympathy, sincerity, good humor, consideration, a professional attitude, complete attention to the individual patient, ability to create confidence, keeping explanations at the patient's level and making them complete, availability and interest in patients."

Nursing Students

Schools of Professional nursing in the United States admitted 42,103 new students in 1952. The figure for 1951 was 41,667. According to Miss Theresa I. Lynch, chairman of the committee on careers in nursing of the National League for Nursing, this is encouraging. It marks the beginning of a gradual rise in nursing school admissions, which may be expected over the next few years when the population in the 17-18 year old age bracket increases.

NOTICE

Check back page of Bulletin for calendar of special meetings.

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

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Editorially Speaking . . .

Two recent articles in medical publications are especially worthy of careful reading by every member of our Society.

The first is in the July number of *Medical Economics* and deals with an ailment common to almost all doctors, a poor memory. Types of memory ability are many and this article has to do with developing a method of associating a name with a person. Although not a part of a pre-medical or medical curriculum we believe a course in memory training would add more to our professional ability, to successful patient contacts and to daily personal satisfaction, than a like amount of serious study on any other phase of our professional equipment.

Many admit to a poor memory and wish it were not so, but wise is the doctor who decides to overcome his handicap and has what it takes to stay by his decision.

The second valuable article has appeared in the last three issues of *Northwest Medicine*, "Prepaid Medicine, Friend or Foe?" by Gordon B. Leetch, M.D., of Portland, Oregon. The writer has given us a clear, unbiased picture of medicine's present status as it is affected by rapidly enlarging and patient influences on the practice of every physician. He who says, "I should worry, this doesn't affect me," is woefully lacking in informed judgment and his blind eye is on the side of present day happenings in the field of medical economics. Entirely apart from political influences, the overall situation appears to be worsening.

Most of us in Pierce County lack an appreciation of the high service our Medical Bureau has been, is now and will be to us here. Not excepting the A.M.A. or the W.S.M.A. the Bureau is the strongest defense our Society has against the inroads of third party dictation and as such should have the active informed support of each member.

It is hoped that during the convening year our program committee will be more generous concerning recognition of medical economics than has been the custom in past years.

LEWIS HOPKINS.

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NOTES FROM THE SOCIETY'S OFFICE

If the number of doctors making application for membership in the Society is any indication of prosperity in Tacoma we could be said to be on top of the heap. At the moment we have fourteen applicants awaiting membership, and several more whose applications are not in yet but who have indicated their intention of applying. Tacoma must be growing.

* * *

Your executive secretary is going to take a short vacation during the third week in August. We have been fortunate in securing the services of Beverley Pascoe who will be on duty during that week. Beverley is not a librarian so she may not be able to help you with references, but she's pretty enough to make up for what she may lack in experience. We are giving her a two week training period mostly for the purpose of clearing away the decks so that we can take a comfortable vacation without being haunted by the thought of much work left undone.

* * *

The result of the letters that we sent out announcing our radio show is very gratifying. We have a few talks still not taken, but if you have any preference about the talk that you would like to give you had better hurry. As soon as the schedule has been completed we will make up pamphlets giving dates and subjects and which we will give away free to anyone asking. The program started on July 30th with Dr. Burton A. Brown giving the introductory talk. On August 6th Dr. Charles Kemp will speak on "Summer Illnesses in Children;" August 13th, Dr. Charles Marshall on "Hay Fever and Asthma;" August 20th, Dr. Roderick Norton on "Polio" and on August 27th Dr. Carlisle Dietrich on "Skin Irritants."

* * *

Ask Dr. Glenn McBride what he is going to name the lodge that he is thinking about establishing for worn-out OB and GYN men. To say the least, it is eminently suitable.

* * *

If you are going to need office help in the near future please call the office as soon as you can so that we can give adequate time to look for someone suitable for you. We have been so successful lately in placing girls in doctor's offices that our file of competent help is low. Also, if you know of anyone looking for work in this field please ask them to come in and make out an application; if they are good we can probably place them.

* * *

Did you know that Tacoma is the only city in Washington which maintains an air pollution control office? It is called the Office of Smoke Control and Mechanical Inspection in Public Works.

It takes the male human about two years to learn to talk, and between fifty and sixty years to learn to keep his mouth shut.

OUR RADIO SHOW

By now you have received letters announcing the Pierce County Medical Society radio program to be presented over KTNT every Thursday at 7:00 P.M. We want to give you additional information about it.

A public relations organization in Spokane is supplying us with scripts that have been compiled and written by experts, and which are being used by Spokane County Medical Society and others in Idaho and Montana. Spokane County Medical Society has been on the air with these scripts for over 17 months and has found the project to be one of great value in public relation work. The public relations firm is also supplying us with small placards announcing time and station of the program. We hope to place these in all doctor's offices, in hospitals and drugstores.

The scripts themselves are simple, fundamental and written for the lay public. They are technical only when necessary. However, any doctor who is to give one of the talks is at complete liberty to change the script if it does not coincide with his opinion. The only stipulation is that he does not change the length of the script as they have been designed for fifteen minute programs.

As was mentioned in the letter that you received last week, the discussion uses the Question-and-answer method; your executive secretary, Mrs. Miller, will do the questioning.

To prevent any misunderstanding it must not be implied that the doctor chosen to give each talk is necessarily picked because of his eminence in his field. When more than one doctor is willing to give a specific talk one name will be drawn, thus giving complete impartiality to the selection. We will, however, welcome volunteers and every effort will be made to allocate topics to those who desire them.

We have great hopes for this project and it will succeed if we have all the members of the Society interested in its progress.

CIO WILL STILL WORK FOR INSURANCE LAW

The CIO will continue to work for passage of a national compulsory health insurance law, according to a recent issue of the union's monthly publication, Economic Outlook.

However, the CIO will continue to negotiate in collective bargaining sessions for union contracts containing provisions for hospitalization and surgical insurance for workers.

The article claimed that CIO members have made much progress toward meeting the costs of illness and injury through these union contracts, but said that collective bargaining cannot aid in the aged and the unemployed.

The CIO alleged that doctors and hospitals are raising fees for patients covered by private medical plans, and that, therefore, private coverage is failing to meet the needs of those covered.

—*Journal of Commerce, May 6, 1953.*



NEW!

an improved approach to ideal hypotensive therapy

Low toxicity. The only hypotensive drug that causes no dangerous reactions, and almost no unpleasant ones.

Slow, smooth action. The hypotensive effect is more stable than with other agents. Critical adjustment of dosage is unnecessary. Tolerance to the hypotensive effect has not been reported.

Well suited to patients with relatively mild, labile hypertension. A valuable adjunct to other agents in advanced hypertension.

Bradycardia and mild sedation increase its value in most cases. Symptomatic improvement is usually marked.

Convenient, safe to prescribe

The usual starting dose is 2 tablets twice daily. If blood pressure does not begin to fall in 7 to 14 days, and the medication is well tolerated, the dose may be safely increased. Should there be a complaint of excessive sleepiness, the dose should be reduced. Some patients are adequately maintained on as little as one tablet per day.

Dosage of other agents (veratrum or hydralazine) used in conjunction with Raudixin must be carefully adjusted to the response of the patient. If Raudixin is added to another maintenance regimen, the usual dose is applicable, and it is often possible to reduce the dose of the other agent or agents.

Supplied in tablets of 50 mg.,
bottles of 100 and 1000.

SQUIBB

RAUDIXIN
SQUIBB RAUWOLFIA SERPENTINA
Tablets

'RAUDIXIN' IS A TRADEMARK

LETTER TO THE EDITOR**CIVILIAN PERSONNEL OFFICE**

Fort Lawton, Washington

AMLAW CPD

10 July 1953

Dear Sir:

A position exists at this installation, Medical Officer (Gen. Med. & Surg.), GS-12, \$7040 p/a, qualification for which are as follows:

Applicants must be a graduate of a medical school of recognized standing with a degree of doctor of medicine. In addition, applicants must have had a minimum of one year of progressively responsible professional experience in the field of medicine. A one year residency may be accepted for the one year professional experience.

Since recruitment efforts in the immediate area have been exhausted, any efforts on your part to bring this to the attention of eligible applicants will be greatly appreciated.

A copy of the official duties of the position is attached and interested applicants can obtain additional information by writing to, or contacting in person, Civilian Office, Fort Lawton, Wash.

Sincerely,

M. E. DUNAGAN,

Civilian Personnel Officer.

* * *

DEPARTMENT OF THE ARMY**JOB DESCRIPTION**

(Field Service)

1. Installation: Fort Lawton, Washington.
 2. Job No. 1269.
 3. Title: Medical Officer (General Medicine and Surgery).
 4. Pay Category: Class Act.
 5. Occ. Code: GS-602.
 6. Grade: 12
 7. Evaluation Approval: Grade and title of this job have been fixed in accordance with Department of the Army official policy and grade level standards.
- (Signed) Manuel N. Uziel,
11 July 52
8. Citation to applicable standard and its date of issuance: CSC Stds. for Medical Officer Series, GS-602-0, dated May, 1947.
 9. Job controls, duties, and conditions of work: (Indicate percent of time for each duty, where pertinent).

Job Controls

Supervisory controls exercised by Chief of Medical Service and Chief of Surgery consist of assignment to duty stations and who is available for consultation on the more difficult cases requiring conferences or various opinions. Work is subject to review for adequacy and results achieved.

Regulatory controls are approved medical journals, standard medical practices and techniques, Department of the Army rules and regulations governing the examination and treatment of Government beneficiaries.

Major Duties

Performs professional work as a practicing physician requiring the degree of Doctor of Medicine in

the Out Patient Clinic or Obstetrical ward with authority and responsibility for the diagnosis, treatment and final disposition of patients.

1. Serves as a medical officer assigned to an obstetrical ward; examines patient upon admission to hospital and instructs nurses as to any special nursing procedures necessary. Assisted by nurses and/or interns performs deliveries except when major complications are anticipated when a surgeon may be called in. Has opportunity, at own discretion, to consult with other medical officers on the hospital staff, individually or in consultation conference and/or with private physicians serving as consultants.
 - a. Diagnosis and treatment is normally proved to be correct.
 - b. Complies with Surgeon General and American Medical Association standards.
 - c. Instructions to other medical personnel for patient treatment are clear and concise.
 2. Serves as medical officer in the Out Patient Clinic; holds sick call and renders out patient medical service to military personnel and their dependents; examines, diagnoses and treats patients, hospitalizes patients if necessary; may conduct physical examinations for military personnel being separated from the service or physical examinations for Civil Service employees entering Fort Lawton.
 - a. Does not sacrifice speed for thoroughness, but makes rapid progress in making decisions.
 - b. Assures that patient understands instructions relative to home care.
 - c. Exercises ability to place patient at ease at all times.
- Performs other duties as assigned.

Justice

Tenant: "The people upstairs are very inconsiderate. Last night they stamped and banged on the floor after midnight."

Landlord: "Did they keep you awake?"

Tenant: "No, as it happened, I was still up practicing on my tuba."

—The Gilcrafter.

Karen Rynning

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MORE THAN 3,000,000 BABIES BORN IN HOSPITALS IN 1952

For the first time in the history of American medicine, more than three million babies were born in hospitals within a year's period, it was disclosed in the 32nd annual report of the Council on Medical Education and Hospitals of the American Medical Association.

A total of 3,170,495 hospital births were recorded during 1952—one live baby every 9.9 seconds—according to the report, which appears in a recent issue of the *Journal of the American Medical Association*. This total was 80 per cent of the estimated 3,910,000 births in the United States during 1952.

In less than 25 years, the nation's hospital birth rate has increased five-fold. In 1929, 621,898 births were recorded in registered hospitals: the million mark was exceeded in 1938, and the two million total in 1946. During 1951, 2,999,371 births occurred in registered hospitals.

The increasing problems of mental health were highlighted in the present report. Although there are only 585 psychiatric hospitals, they have a greater bed capacity—732,929—than is found in any other group. Again the average daily census of patients in the psychiatric hospitals in the highest that has been recorded in this field. The present total of 704,056 compares with 697,521 in 1951; it represents 53.7 per cent of the daily patient load in all registered hospitals.

A total of 688,119 mental patients were under daily care in governmental institutions, while only 15,937 were in nongovernmental hospitals. Even though only 1.6 per cent of the total number of patients admitted to all hospitals during 1952 were mental patients, mental hospitals maintained an average daily census greater than the total patient load in all other registered hospitals. This is indicative of the long period of hospitalization required by such patients, the report stated.

Of the hospitals currently registered by the A.M.A., 2,078, or 31.1 per cent, operate under governmental auspices, whereas 4,587, or 68.8 per cent, are in the nongovernmental group.

An average daily census of patients in hospitals during 1952 was 1,309,377, compared to 1,293,653 in 1951. Of 1952's total, 984,062 were constantly under treatment in governmental hospitals, whereas the average daily census in the nongovernmental group was 325,315—another reflection of psychiatric hospitalization.

In 1952, the average length of stay per patient in governmental general hospitals was more than twice that per patient in non-governmental institutions, it was shown by the report. The average stay in governmental general hospitals was 16.4 days, as contrasted to 7.5 days in nongovernmental general hospitals. In 1951, the average stay was 17.0 days in governmental institutions and 7.7 days in nongovernmental.

The report was prepared by Dr. F. H. Arestad, Chicago, associate secretary of the council, and Miss Mary A. McGovern, Chicago, a member of the council's staff.

"WANT TO TRAVEL?"

144 U. S. PHS Personnel Participating in Foreign Programs

According to latest records, a total of 144 U. S. Public Health Service personnel are participating in health programs in foreign countries under sponsorship of Mutual Security Agency, Technical Cooperation Administration and Institute of Inter-American Affairs. Of the total 42 are physicians, 30 nurses, 31 sanitary engineers and 41 technicians of various types.

The PHS annual report, covering the fiscal year ending last June 30, lists 17 countries in which health programs were conducted under MSA or TCA sponsorship. They are Burma, Formosa, Greece, Indochina, Indonesia, the Philippines, Thailand, Turkey, Ethiopia, India, Iran, Israel, Jordan, Lebanon, Liberia and Libya. Since last July, additional programs have been started in Egypt, Nepal and Saudi Arabia.

In addition, in this hemisphere PHS is assisting in health programs in Bolivia, Brazil, Chile, Colombia, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay, and Venezuela.

Regarding international health responsibilities of the United States, the PHS report declares: "Health has become a basic part of the United States foreign policy. Health programs are not only of primary importance in relation to economic development, they are one of the most effective weapons against disease, discouragement and despair that make breeding ground for communism. The Public Health Service has played a leading role in developing and operating the health programs in underdeveloped areas, working with the Mutual Security Agency and the Technical Cooperation Administration of the Department of State. The service also continued to serve as official liaison with World Health Organization and the Pan American Sanitary Bureau; and through the service of the Surgeon General as president of the World Health Assembly, assumed a key position in WHO."

—A.M.A. Washington Letter No. 20.

FOR LEASE—Suite 2, Medical Center. Reception room, business office, large laboratory, consultation room, 4 examining rooms, one baby room or large closet, lavatory. Approximately 1022 square feet. Call Gus Paine, BR. 6464 or Dr. J. L. Hansen, M.A. 1181. Also one large autoclave for sale, \$300.00.

HEPATITIS ON INCREASE

A sharp increase in infectious hepatitis is reported the first six months of this year compared with the same period in 1952, and a sharp decrease in measles. In the same period a significant decrease was noted in malaria among civilians, and a decrease of almost 90% among military personnel. About 25% more acute poliomyelitis cases were reported. The compilation was announced by National Office of Vital Statistics.

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of
pruritus

In a recent study¹ of 200 cases of itching dermatoses, 76.6% of all patients who had had previous experience with other antipruritics expressed a preference for EURAX Cream.

In this study, as in previous reports²⁻⁵, EURAX Cream produced complete relief of itching in approximately 65 per cent of cases, and partial relief in most of the remainder.

Other favorable features of EURAX Cream that were again confirmed include:

- ✓ **Prolonged effect lasting up to 8 hours or more.**
- ✓ **No loss of effect on continued use.**
- ✓ **Virtually complete lack of sensitizing or toxic properties.**

EURAX... not an antihistaminic or a -caine derivative... is indicated for prompt, prolonged relief of itch in practically all forms of dermatosis including pruritus due to administration of antibiotics.

EURAX Cream* (brand of crotamiton cream) contains 10% N-ethyl-o-crotonotoluide in a vanishing-cream base. Tubes of 20 Gm. and 60 Gm. and jars of 1 lb. at your local pharmacy.

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- *U.S. Pat. #2,505,681.

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The Hospitals . . .

VETERANS ADMINISTRATION

American Lake, Washington

Dr. Robert J. Sayer recently joined our staff for a six-month residency training period, having been detailed here from the VA Hospital, Seattle.

* * *

Dr. Marcus R. Stuen transferred to VA Hospital, Seattle, for residency there.

* * *

John J. Skaggs is the new technician in the Sport Section of Special Services, coming to us from Ft. Worth, Texas. Mr. Skaggs received his degree from Texas Christian University, and did graduate work at Teacher's College, Columbia University and T.C.U.

* * *

Several of our personnel attended the 359th General Hospital U.S.A.R. field training unit at Ft. Lewis from July 5th through the 19th.

* * *

During the past month the Nursing Service welcomed five new nurses to the staff with open arms—Miss Marie Chaloux, a graduate of the McLean Hospital in Waverly, Massachusetts; Miss Guro Redal from St. Joseph's Hospital School of Nursing, Tacoma; Mrs. Clara Stover Jordan from Central Maine Hospital School of Nursing, Lewiston, Maine; Mrs. Jeanne Smith Garver, graduate of the New Hampshire State Hospital, Concord, New Hampshire; and Mrs. Martha Whitehill Lehman from St. Luke's Hospital School of Nursing, St. Louis, Missouri. The staff regrets losing Mrs. Lois Moore who is resigning to join her husband in Germany.

* * *

Nurses Anna Aslakson and Susan Tidmarsh are off for a fishing trip in California. Frances MacPherson and Mary Collins are vacationing in Montana.

* * *

Thirty-one lucky affiliate nurses are enjoying the summer quarter at American Lake—fishing, swimming, picnicing and playing tennis.

* * *

From letters received by members of the staff, it appears that Dr. Charles E. Stafford is having a fine time piloting his boat in Alaskan waters.

PIERCE COUNTY

Mr. Loyal H. Davis, who in 1932 and 1935 was assistant director of the Laboratory of this hospital visited the Laboratory during the first week in July. Mr. Davis now lives in Richmond, Virginia, where he is development Supervisor for the Philip Morris & Co., Ltd. He flew out and is spending a vacation with his parents in Sumner, Washington.

* * *

On the first of July, Pierce County Hospital

welcomed a new quota of interns and residents. Drs. Theodore Apa, Phillip Avalon, Alfred Reschke, Robert Lundeen and Timothy Manning are all graduates of the University of Illinois Medical School, class of 1953. They are serving their internships. Dr. Apa is assisting Dr. John Whitaker in the Pathology Department. Other interns are Drs. Don Allison, Jewell Severson, Claris Darvill, and William Coburn, recent graduates of the University of Washington Medical School, and Dr. George Stewart of Tulane University, New Orleans.

* * *

New residents are Dr. Calvin Wartman and Dr. Hiroshi Furukawa. Dr. Wartman, who spent part of his army service during the last war in the Medical Corps at Madigan Hospital, grew so attached to this part of the State of Washington, that he and Mrs. Wartman determined to return when possible. Dr. Wartman has been practicing in Ulysses, Kansas, for the past five years but has returned to take up his practice in the Northwest. He and his family are now established in a new home in the Lake District.

* * *

Dr. Furukawa is a graduate of the University of Washington Medical School and has lately finished his internship at the Swedish Hospital in Seattle, Washington.

* * *

Dr. S. Cardenas has completed his internship and is returning to his home in Mexico City, Mexico.

* * *

Dr. Wayne A. Chesledon, lately of San Francisco, California, has joined the staff of Pierce County Hospital as assistant to Dr. Frank Rigos in the x-ray department.

* * *

Dr. Burton H. Goodwin of the University of Washington Dental School is practicing as Resident dentist at Pierce County Hospital.

* * *

Dr. Frank Rigos and Dr. Warren Smith of the Hospital staff are enjoying a fishing trip in Montana. Results of their reels and rods have not as yet been obtained.

* * *

Dr. John Whitaker and Dr. J. M. Brady have completed their two weeks' intensive training in the Army Medical Reserve Corps encampment at Ft. Lewis.

* * *

Mrs. Williamson of Social Service and recently made Director of the Pierce County Medical Service Department of Medical care, Nursing Home care, etc., has lately purchased a summer home on Trout Lake. She is planning to spend her vacation there. Miss Elva Hendrickson has been appointed secretary to care for the records of Mrs. Williamson's new post.

* * *

(Continued on Page 15)



*for the relief
of tension
and associated
pain and spasm of
smooth muscle*

Trasentine®-Phenobarbital

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through threefold action:*

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Trasentine relieves pain by exerting a local anesthetic effect on the gastrointestinal mucosa. It also produces spasmolysis through a papaverine-like effect on smooth muscle and an atropine-like effect on the parasympathetic nerve endings.

The 20 mg. of phenobarbital in each tablet provides a sedative effect which helps relieve tension without the deeper hypnotic effect of more potent barbiturates.

Each tablet contains 50 mg. Trasentine hydrochloride (adiphenine hydrochloride Ciba) and 20 mg. phenobarbital. Bottles of 100 and 500.

Ciba

*Ciba Pharmaceutical Products, Inc.
Summit, New Jersey*

(Continued from Page 13)

Mrs. Floy Rowland of the Fourth Floor is vacationing in Yellowstone part.

* * *

Mrs. Jean Leavitt has left with her husband and son to vacation at Steele Lake.

* * *

Mrs. Ida Susted is entertaining her niece, Sally Peterson, from Minneapolis, Minnesota. Mrs. Susted will spend her vacation touring to various Washington tourist spots with her guest.

* * *

Gloria Richards has joined the force of the Medical Records Department.

* * *

Miss Harriet Armstrong, dietitian, spent her vacation motoring through the Northwest and Canada with her nieces and nephew and his wife, the Misses Nina and Eda Farthing and Mr. and Mrs. Stanley Farthing, all of Hutchinson, Kansas.

PITY THE DETAIL MAN

How many times, in the midst of our busiest days, have we all been exasperated by eager-beaver detail men in our offices! How frequently a carefully planned appointment list is knocked galley-west by the drug representative who has been ushered in for a "moment," and stays on for fifteen or twenty.

We all have had the annoyance of being catechized by the agent who asks us if we are using the product and we don't, of course, feel it is necessary to explain that we are not. Equally upsetting is the man who wishes to make his quota and offers us five free, under the counter, if we'll buy twelve.

Of course, we have experienced annoyances, but let's wait a moment before condemning these front men for the pharmaceutical firms.

There are many reasons why we *should* see them besides the obvious reason that they must make a living, too.

At the risk of being vulnerable to that old bromide, "He learns his medicine through the detail man," I'll freely grant that I *do* learn a lot of it through them. As with all knowledge, what we accept or assimilate depends on the alertness and digestive powers of our own minds. Here are men with fresh information on the latest products and with reprints on original work on them. Here is, first hand, a chance to ask questions and to discuss the product. Here is a chance to obtain samples (often quite generous samples) in order that we may test the company's claims. Incidentally, here is a chance to see, smell and even taste a product we may plan to use. It can be very advantageous to recognize a drug in a patient's home, and it can be embarrassing to stare blankly when the patient refers to his yellow and green capsules.

So, the detail man offers us a means of supplementing the knowledge gained in reading, in conversation with other doctors, and in observation in hospitals and clinics. In most cases, the research departments of the large houses can be of great

help in furnishing information regarding drugs, and just a word to the agent will suffice in obtaining this information.

Have you ever stopped to reflect of what patient men these detail men must be? They sit, and sit, and sit in waiting rooms until the physician can see them (or not, as is so often the case). Few of them overstay a reasonable length of time, and most of them have something to offer. So, overlook it if one bribes your secretary with the traditional bottle of hand lotion, and don't bar your gate arbitrarily. Most ethical companies have courteous and able young men, who ask that, if you can spare a moment, you listen to what they have to say. My instructions to my secretary are that we will see these agents whenever the office routine is not severely upset by an interruption.

The pleasant, informal relationship between the general men and the representatives of the drug houses has been exceptionally good, and it will be to the advantage of all to continue it.

Francis T. Hodges, M.D.,

—From California-Western
Academy Monthly.

ADVANTAGES IN JOINING YOUR COUNTY MEDICAL SOCIETY

There are those who would destroy the American system of the practice of medicine. The battle line between the medical profession and its enemies is being sharply drawn. Doctors who do **NOT** belong to their County Medical Society are in No-Man's-Land. Some of them do not belong in this twilight zone because they are trained, ethical practitioners. Intelligent laymen in need of medical services and discriminating hospital boards in need of staff members differentiate between doctors who are eligible and those who are not by asking only, "Does he belong to Organized Medicine?"

1. Exchange ideas and experiences at regular meetings.
2. Amplify ideas of public health and welfare—an individual is mute; an organization is vocal.
3. Protect the public and profession against fraud, quackery, and subversive legislation.
4. Keep modern with post-graduate and refresher courses, clinical sessions, annual meeting, scientific bulletins, and journals.
5. Maintain the respect of laymen and consideration of lay boards, hospitals, and commissions.
6. Secure additional protection against threatened malpractice suits, personal illness, and accidents.

—Bergen County Medical Society.

Hubby: "I suppose you are still angry with me because I came home last night with this black eye?"

Wife: "Maybe you don't know it, but when you came home last night you didn't have that black eye."

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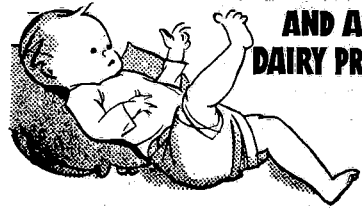
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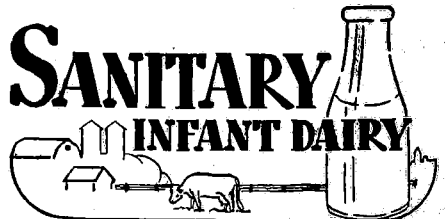


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MALARIA BIGGEST PROBLEM

Just back from a 38,000-mile, six-month survey of progress in tropical medicine, Dr. Eugene H. Payne of Parke, Davis & Company reports that "malaria remains the biggest medical and economic problem in the world today."

"Malaria causes more sickness and death than any other disease," he said. "Every year, approximately 350 million people suffer from malaria—and at least three and a half million die.

He explained that control measures reduce malaria but seldom eradicate it.

"History shows that malaria is capable of breaking through all controls, with resulting epidemics."

This may be due to climatic change, or to the appearance of a new vector—an insect that carries microorganisms from a sick person to somebody else. The new vector is immune to the control measures because of different breeding and biting habits.

Dr. Payne visited 30 different research centers and conferred with several hundred scientists during his world-tour.

New malaria epidemics, he said, sometimes occur in areas where controls—such as insecticides, screening, oiling and D.D.T.—had almost eliminated the disease. More deaths often result there than before the use of controls.

"Following years of protection from malaria, a person's partial immunity seems to drop below the safety point," he explained.

He told of one remote area which had been noted for its malaria control. The disease appeared to be cleaned up. Yet, a few months ago, an epidemic of "almost unbelievable proportions" broke out.

"It will never be known how many died during that epidemic," Dr. Payne said. "In November and December of last year and January of this year, there was unusual rainfall, with unusual winds. Humidity, which determines the life of insecticide spray, was high. The higher the humidity, the less time the spray remains effective. Thus, in this instance, unusual climatic conditions were responsible for the epidemic."

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of June 21, 1953, to July 20, 1953, inclusive:

Amebic Dysentery	2
Chickenpox	34
German Measles	165
Gonorrhea	26
Hepatitis	1
Malaria	8
Measles	227
Meningitis	3
Mumps	29
Pneumonia	1
Poliomyelitis	1
Scarlet Fever	21
Syphilis	4
Tuberculosis	11
Whooping Cough	11

Playing It Safe

Pat was thought to be dying. A friend at the bedside asked:

"Have you made peace with God and denounced the devil?"

"I've made peace with God," Pat answered, "but I'm in no position to antagonize anybody!"

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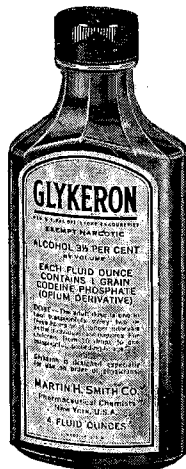
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Control the cough that weakens your patient.

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.*

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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.

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PROBLEMS FACING MEDICAL EDUCATION

The health needs of the nation can be served best by solving some of the pressing problems facing medical education today, writes Dr. Joseph C. Hinsey, Dean of the Cornell University Medical College, in the June 1953 issue of *The Journal of Medical Education*.

Dr. Hinsey served as a member of President Truman's Commission on the Health Needs of the Nation, which reported last December on the status of America's medical care requirements and facilities.

An inadequate supply of trained medical personnel is one of the prime factors adversely affecting medical care today, according to the commission, which reported in the first volume of its published report that "the cry for more personnel was sounded at almost every panel and at every public hearing held by the commission."

The manpower problem is twofold, demanding better geographic distribution of personnel and the training of an increasing number of men and women. Dr. Hinsey warns that medical schools must be on guard to see that these pressures do not allow standards of medical training to deteriorate.

The number of qualified candidates applying for admission to medical schools has decreased in recent years. Dr. Hinsey says. Factors which keep candidates from gaining admission are the limited capacity of our medical schools, poor preparatory training of some students, limited financial means of some candidates and geographic barriers created by states with residency requirements. Since one-third of our states do not have four-year medical schools, in most cases young men and women there have less opportunity for medical education. With prior residence the chief factor in determining where a doctor will practice, this means inadequate medical care for those states.

Increased financial support of medical schools would help eliminate many of these conditions. Medical schools could expand their present facilities, build new schools, offer salaries to attract and hold enough high-grade teachers, build teaching programs incorporating areas of recent progress such as psychiatry, lower tuition costs and offer more scholarships.

AMA MEMBERSHIP IS 140,000

Reference is often made by doctors and others to the AMA membership and the figures given vary widely. For the record, the actual figure is 140,000 based on the membership lists of the AMA Department of Records and Circulation.

A breakdown of the figure shows: 126,000 active members, including those who are dues exempt; 9,000 service members, in the military, Public Health Service, Indian Service or Veterans' Administration; 5,000 associate members—those whose type membership in the constituent association does not give them the right to vote or hold office.

KOREAN BODY ARMOR REDUCES MORTALITY

WASHINGTON, D. C.—Use of body armor by U. S. troops in Korea is helping reduce mortality rate (now under 2% of all wounded) but is increasing the proportion of non-fatal extremity wounds (now around 70%), according to Dr. Melvin A. Casberg, Assistant to the Secretary of Defense for health and medical affairs. Reporting on his recent 25,000-mile tour of overseas medical installations, Dr. Casberg forecast a higher percentage of quadruple amputees as a result of the higher percentage of extremity wounds, suffered by men who would have died except for the body protection.

Medical Students

Continuing a three-year trend, the number of students applying for admission to medical schools has declined again this year, according to the Association of American Medical Colleges. This year, some 3,150 fewer persons applied than in 1951-1952, and some 7,600 less than three years ago. Of 16,763 persons who made applications last year, 7,778 were accepted. The survey also showed that the average pre-medical student applied to three or four medical schools, so that no school can expect to have every student they select.

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NEW ACTH APPROACH

A team effort by scientists at Stanford University and the University of California School of Medicine, San Francisco, has yielded a new approach to the use of ACTH in the treatment of disease. This was revealed in a paper presented at an Endocrine Society meeting in New York.

In one phase of the study, Dr. Arthur Rinfret, Stanford biochemist, prepared a new hormone extract from the pituitary gland.

The new extract apparently makes the adrenals grow. It makes adrenals more responsive to ACTH, and thus enables the adrenals to produce more cortisone which indirectly combats arthritis and other diseases.

Dr. Rinfret prepared the new extract from horse pituitaries and observed the adrenal-growth effects originally in rats and guinea pigs.

Preparations of the new extract were tested in human patients by Dr. Grant Liddle, U. C. medical scientist, and Professor Peter H. Forsham, director of the Metabolic Unit. The U. C. scientists first give the patient an injection of ACTH to make his adrenals start producing cortisone. Then they give the patient a dose of the new adrenal growth extract for five days. Finally they give the patient more ACTH.

The scientists find that the new extract increases the effectiveness of a given quantity of ACTH by about three times.

A.M.A. CALLS PESTICIDE BILL INADEQUATE PROTECTION

The American Medical Association, in a statement filed with the House Interstate and Foreign Commerce Committee, says a pending bill on marketing of foods containing harmful pesticides doesn't have enough safeguards for the public. The AMA statement said, in part: "According to our interpretation . . . there is no provision for prohibiting the marketing and general use of foods containing a pesticide before the determination of a safe tolerance limit of the pesticide in such foods has been made. It would be disastrous if the entire population of this country served, in effect, as experimental subjects while the safety of the food . . . was being determined."

AMA SUPPORTS DEDUCTIONS FOR POSTGRAD EXPENSES

Dr. Walter B. Martin, AMA president-elect, has strongly urged Congress to consider amending the tax law to allow deduction of postgraduate educational expenses. Dr. Martin recalled a U. S. Court of Appeals' decision in which an attorney was permitted to deduct expenses in attending postgraduate courses on taxes. Dr. Martin, testifying for the AMA, told the House Ways and Means Committee:

"While it is the belief of the American Medical Association that this decision probably applies to the practicing physician who attends postgraduate courses similarly designed to refresh his medical knowledge and to keep him informed regarding recent medical developments, it is by no means clear that the decision covers attendance at courses designed to advance the physician into a new era of his profession. . . . It is the belief of the Association that the issue should be settled by new legislation rather than be left to administrative interpretation or judicial decision."

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE AND REHABILITATION

The 31st annual scientific and clinical session of the American Congress of Physical Medicine and Rehabilitation will be held on August 31, September 1, 2, 3 and 4, 1953 inclusive, at the Palmer House, Chicago, Ill.

Scientific and clinical sessions will be given on the days of August 31 and September 1, 2 and 3. All sessions will be open to members of the medical profession in good standing with the American Medical Association.

In addition to the scientific sessions, annual instruction seminars will be held. These lectures will be open to physicians as well as to therapists, or the American Occupational Therapy Association.

Full information may be obtained by writing to the executive offices, American Congress of Physical Medicine and Rehabilitation, 30 North Michigan Avenue, Chicago 2, Illinois.

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BEGINNING THE U. S. "POLIO" INCIDENCE

Marion S. Lombard, M.D.

Gamma globulin must wait the test of time. For the calendar year, to May 30, 1953, The National Foundation for Infantile Paralysis has made known the occurrence of 2569 cases of poliomyelitis. Obviously more than one-half of this number were infections that occurred during the later part of the previous year. The last known date of onset of illness applicable to this year's incidence was mid-May which places the date of infection the first week of May at the latest. By using this date and ante-dating all others in this year's estimated group of 1007 cases, an expectancy for the final count in 1953 can be assumed to be large.

The volume of infection already recorded is shown in numerical order in the following table:

No. of Cases	States	No. of Cases	States
210	Cal.	18	Pa.
209	Tex.	17	N. C.
67	N. Y.	16	Utah
57	Fla.	15	Ia.; Neb.; Ore.
41	Ala.	14	Va.; S. Dak.
34	Ill.	13	Mass.; Wis.
32	Ind.; Okla.	10	N. J.
30	Mo.	8	Conn.
28	Minn.; Wash.; La.	7	Idaho
27	Mich.	6	Me.; Md-D.C.; S.C.
26	Miss.	5	Nev.; Mont.
23	Ga.	4	N. Mex.
22	Ohio; Ky.	3	Wyo.; N. Dak.
21	Ariz.	1	Del.
20	W. Va.; Kan.; Colo.	0	N. H.; Vt.; R. I.
19	Tenn.		

None of the cases appear to be of the epidemic form in any location. Distribution is Nation wide. The epidemic period of some twelve weeks duration, when the largest incidence develops, usually begins around the first week of July but is not made known until weeks later.

Money doesn't talk these days—it goes without saying!

POPULATION OF STATE UP 1200 A WEEK

Washington state's population is increasing at the rate of over 1200 per week, according to a study of population trends made by the Northwest office of the National Association of Manufacturers.

Washington's population in 1960 will be 3,020,000 if the current trend continues. This figure is based on a projection of population made by the U. S. Bureau of the Census which shows a 3.7% rise in Washington population during the first two years of the 1950-60 decade.

Approximately 40% of Washington's 1950 population of 2,378,963 were wage-earners. These 957,611 workers may be increased to 1,208,000 by 1960.

The study, intended to show how much money will be required to put these additional workers into jobs, estimates \$12,000 is needed to place one man on the job at present-day costs. Thus a total outlay of \$3,004,668,000 will be needed for industrial expansion in Washington state to create these 250,389 new jobs.

The outlay of over three billion dollars for expansion of Washington industry between 1950 and 1960 will have to come from the savings of individuals and corporations alike. Study might well be given to the extent to which present high levels of personal and corporate income taxes may be responsible for the recent lack of risk-taking investment.

DR'S RANK LOW ON CREDIT CARD SYSTEM

Physicians are rated last on the list of spenders for entertainment for business purposes, according to a study of members of the Diners' Club, a credit card system covering hotels, night clubs, florists, etc.

Advertising agency executives are the biggest spenders and a shade below are public relations men, closely followed by manufacturers' representatives and distributors and theatrical booking agents.

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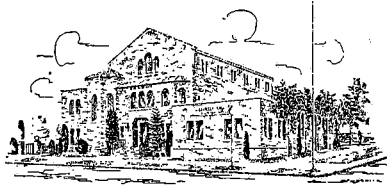
Be sure to read these features in August issues of *Spectrum*, appearing in the first section of the

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The Medical Examiner • *Benign Prostatic Hypertrophy* • *Geography of Disease* • *Congenital Malformations* • *Infant Surgery*

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INCREASE IN MOTOR VEHICLE ACCIDENT FATALITIES

The death toll from motor vehicle accidents in the United States has been mounting steadily since 1949. Last year approximately 38,000 lives were lost in such mishaps, an increase of about 6,000 over the number three years earlier. Unless the rise is halted soon, the total for 1953 may equal the all-time high of 40,000 motor vehicle fatalities recorded in 1941.

Information on the types of motor vehicle mishaps responsible for the rising death toll is available from the experience among the Industrial policy-holders of the Metropolitan Life Insurance Company. Although these insured are mostly urban dwellers, their experience is similar to that for the general population, as evidenced by an increase of nearly 25 percent in their motor vehicle accident death rate between 1949 and 1952—from 13.6 to 16.9 per 100,000 at ages 1 to 74.

Increasingly important in this picture is the high toll taken in accidents in which passengers or drivers are killed. Thus, the death rate in the insurance experience from mishaps involving motor vehicles overturning on the road; running off the roadway; hitting a curb, pole, tree, or some other fixed object increased more than 40 percent between 1949 and 1952. Similarly, the death rate from accidents involving collisions between two or more vehicles was up 26 percent. These facts indicate the direction in which the safety movement needs to intensify its efforts.

The loss of life among pedestrians injured in motor vehicle mishaps was only slightly higher in 1952 than in 1949, the rates being 4.6 and 4.5 per 100,000, respectively. As a result, pedestrian accident deaths at ages 1 to 74 decreased in relative importance, from one third of all the motor vehicle fatalities in 1949 to little more than one quarter three years later. In fact, whatever encouragement there is in the recent experience is found in the record for pedestrian fatalities among children and the aged, the groups where the pedestrian hazard is most prominent. Although the total motor vehicle accident death rate at ages 1 to 14 was 6 percent higher in 1952 than in 1949, the rate for pedestrian accidents was the same in both years. At ages 65 to 74 the lower motor vehicle accident death rate in 1952 than in 1949 resulted entirely from the drop in pedestrian fatalities.

Every age group under 65 years contributed to the over-all rise in the motor vehicle death rate. The largest increases occurred in the age range 15 to 29 years, where more than 90 percent of the motor vehicle accident deaths occur among passengers or drivers. In this age range the rise in the death rate between 1949 and 1952 averaged about two fifths, reflecting a growing tendency of many young people to play fast and loose with their own lives and those of their companions. Even the pedestrian accident death rate at these ages increased materially.

This substantial increase in motor vehicle accident fatalities is very disappointing, especially in view of the improvement registered in the years im-

mediately following World War II. The unfavorable record appears particularly deplorable when contrasted with the continued reduction in the death rate from accidents other than those involving motor vehicles. Safety education, in order to be effective, must persuade drivers to avoid foolhardy actions, particularly on the open road. It is a campaign which requires wholehearted and intelligent support and cooperation, as well as courteous consideration for one's fellow men.

FEDERAL SURVEY SHOWS ABUSE OF VETERANS HOSPITALIZATION

Abuses by veterans with non-service-connected disabilities in applying for VA hospitalization were detailed in a government survey placed before the House Veterans Affairs subcommittee. It wound up hearings on non-service cases July 21. The testimony came from two *General Accounting Office* officials who reported on a survey they made last year of 46 VA hospitals. GAO investigators selected about 350 recently discharged cases where VA records disclosed "strong presumptive evidence of ability to pay." They found incomes ranging from \$4,000 to \$50,000 a year, with 25 of these having real property and other assets between \$20,000 and \$500,000.

The GAO concluded: "It is clear that there are veterans being hospitalized on the basis of the unable-to-pay affidavit prescribed in the present law who are fully able to pay for their hospitalization and others who are able to pay in part. . . . The present law and regulations in effect discriminate against the more honest class of applicant. In short, the veteran of ordinary circumstances must either perjure himself or be deprived of a benefit freely given to other veterans similarly circumstanced, perhaps less worthy of care at public expense."

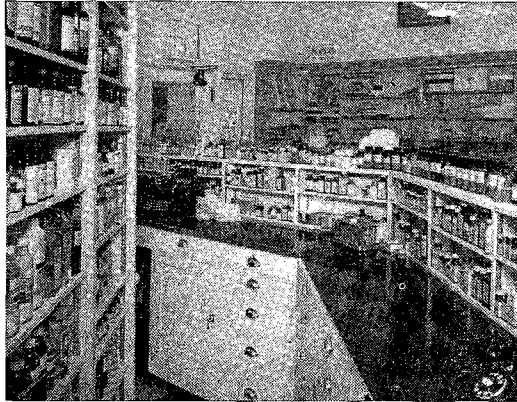
The subcommittee was urged by the *American Hospital Association* to recommend legislation that would determine which veterans with non-service-connected conditions are medically indigent and therefore eligible for VA care. William S. McNary, chairman of the AHA Council on Government Relations, also stated: (1) Congress should vote no further expansion of VA hospital system if quality of care is to be maintained, (2) number of beds now available in VA hospitals is more than adequate to meet need of veterans with service-connected disabilities, and (3) any new construction simply will be for care of disabilities having no service-connection.

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(Excerpt)

Some tailor with a "hook and eye" for business should figure out some sort of a wearable suit for the physician's wardrobe that would comfortably carry all the junk that clutters up a doctor's pockets.

The suit should be made out of some sort of worsted cast iron gabardine and have 700 pockets re-enforced to accommodate all the bulging accouterments that are stuffed into them.

Take a commonplace piece of professional equipment like the stethoscope frinstance—this is the most unwieldy portable piece of equipment that was ever created or manufactured. As you walk through the corridors of a hospital, observe where the various doctors are carrying their stethoscopes—some carry them in the casual manner complacently draped around the neck with the ear attachments plugged into the back of their collars for security reasons. Others are observed walking along with one ear plug in place and one on the bias with the rest dangling down the front, giving the popular semi-draped look. Some carry the stethoscope in the coat pocket, which causes considerable mobile snake-like bulging. Some carry the stethoscope in the side pants pocket and some walk along the halls holding on to the metal part of the stethoscope and dangling the remaining part of languid rubber tubing like the maneuvering of a well-trained yoyo.

Some carry the stethoscope in the back pants pocket with the dangling business end occasionally protruding from under the posterior aspect of the coat—looking for all the world like the wiggling tail of a friendly collie. Some carry the stethoscope in the inside coat pocket, which gives a peculiar bulge with a double breasted suit, so that this poor unfortunate has all the appearance of a unilateral female in need of a one-sided halter.

—*Detroit Medical News.*

TUBERCULOSIS DIAGNOSED IN 4 TO 6 DAYS BY NEW TEST

A new laboratory method for diagnosing all types of tuberculosis within four to six days as compared with two to ten weeks required by standard methods has been developed at the Louisiana State University School of Medicine.

Dr. John Buddingh, professor and head of the department of microbiology, and J. W. Brueck, assistant professor, developed the method, which depends on the injection of the yolk sac of a chicken embryo with material obtained from patients thought to have tuberculosis. The embryo is then incubated four days.

This embryo method has been used successfully for some time for rapid diagnosis of fungus infections. Mr. Brueck, while conducting experiments with material suspected of containing fungi, found tubercle bacilli in the yolk sacs that had been injected with the suspected material.

MRS. HOBBY HAILS CLINICAL CENTER AS NATIONAL HEALTH SYMBOL

In impressive ceremonies on the steps of the red-brick, 14-story Clinical Center in a wooded section of Bethesda, Md., Secretary Hobby dedicated the \$64 million building on July 2 before members of Congress, government officials and representatives of the medical and allied professions. The head of the Department of Health, Education, and Welfare had this to say of the Center:

"It is new evidence that the American government continues to be responsive to the people and to the needs of the people. I proudly dedicate this Center to medical research as a symbol of our national concern for the health of our people, for their right to personal happiness unhampered by crippling illness. "She said the medical scientists at the Center are dedicated to the "endless struggle against human suffering."

Dr. William H. Sebrell, Jr., head of the National Institutes of Health which will operate the 500-bed Center, said plans call for use of consultants from Washington, Baltimore, and other nearby medical centers. He said that while there would be no medical student, nurse, or intern training programs, residencies in medical research are planned with credit given toward boards. The Center will get all of its patients through physician referrals.

STUDY FINDS HIDDEN COSTS OF GETTING RESEARCH GRANT

For every dollar a medical school accepts in research grants, it has to dig down in its own pocket for an average of 35 to 40 cents to meet indirect costs, a recent study indicates.

The National Foundations for Infantile Paralysis analyzed data on 91 polio research grants to 33 institutions, mostly medical colleges. It found that indirect costs ranged from 13 to 155 percent of the direct cost. Generally the smaller the grant, the larger the proportion of indirect costs. Reporting on the study, Dr. Harry M. Weaver, NFIP director of research, said: "In all too many instances in the past these added costs have been met by using funds intended primarily for educational purposes."

He suggests that grant-making agencies defray approximately 90 per cent of the total costs of research projects by adding to the original grant 46 per cent for the first \$10,000, then 38 per cent for the next \$20,000 and six per cent for everything above that.

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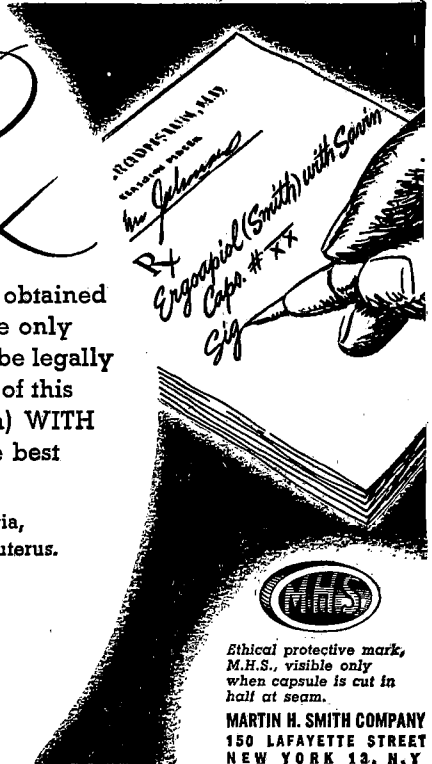
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The **BULLETIN** *of the*
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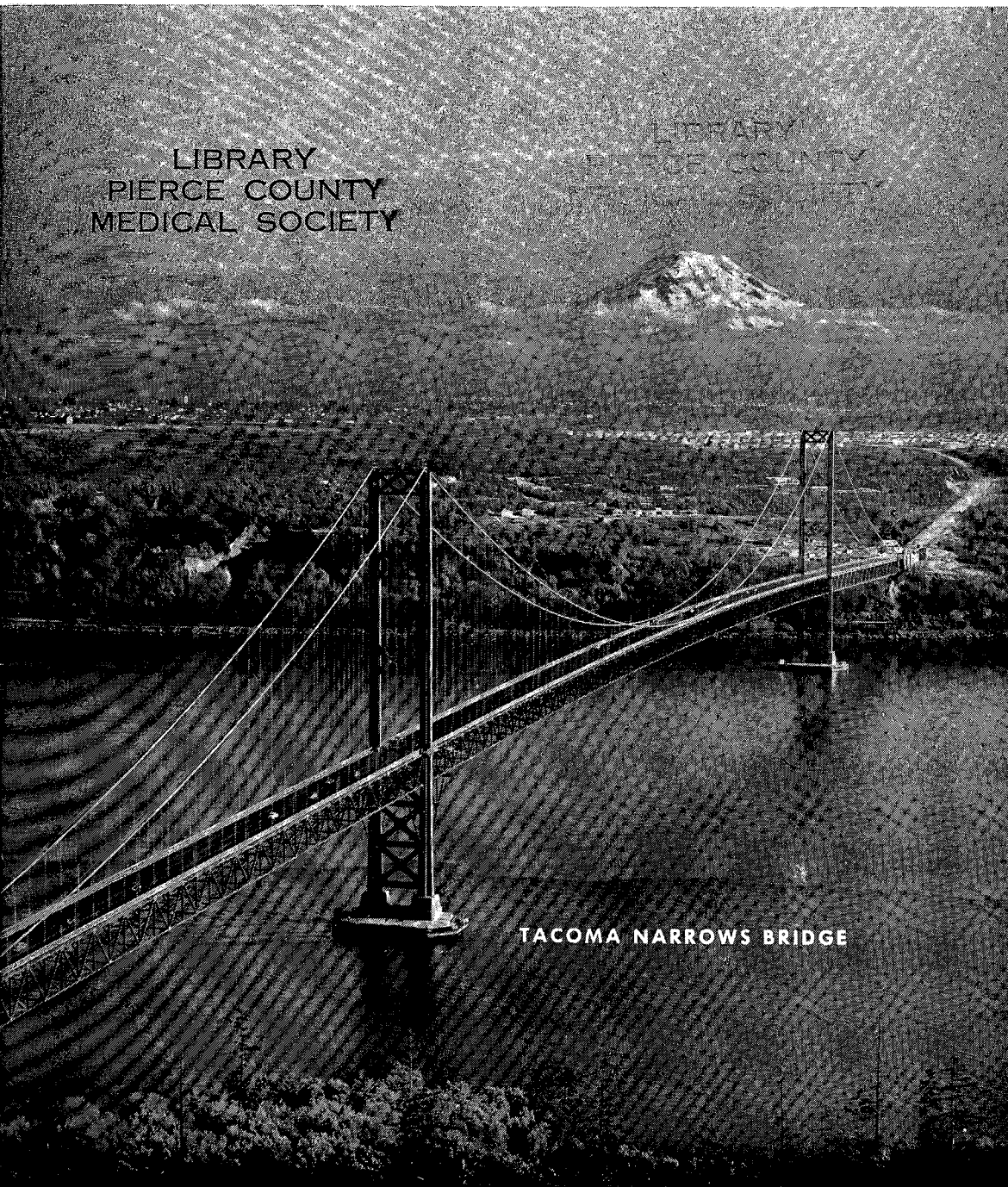
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TACOMA, WASH.

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Moving Pictures will be shown; the titles are "Anemia" and "Newer Drugs in the Treatment of Tuberculosis"

Refreshments will be served!!!

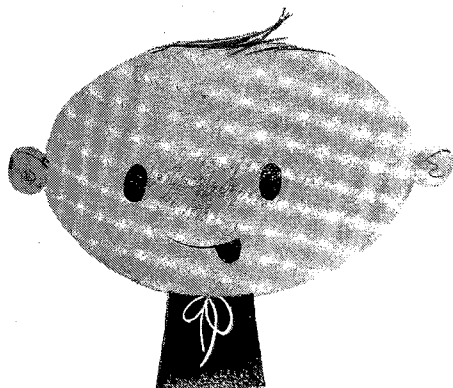
NOTICE

Check back page of Bulletin for calendar of special meetings

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

Taste Toppers . . . that's what physicians and patients alike call these two favorite dosage forms of Terramycin because of their unsurpassed good taste.

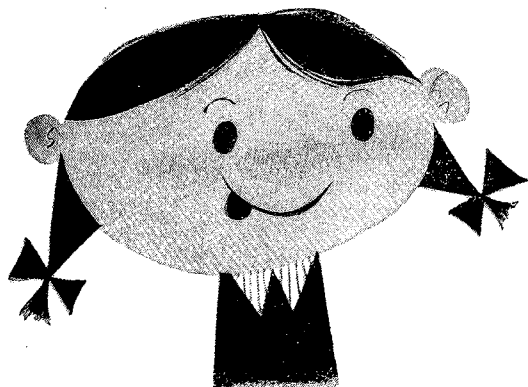
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They're nonalcoholic — a treat for patients of all ages, with their pleasant raspberry taste. And they're often the dosage forms of first choice for infants, children and adults of all ages.

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Pediatric Drops

Each cc. contains 100 mg. of pure crystalline Terramycin. Supplied in 10 cc. bottles with special dropper calibrated at 25 mg. and 50 mg. May be administered directly or mixed with nonacidulated foods and liquids. Economical 1.0 gram size often provides the *total dose* required for treatment of infections of average severity in infants.

Supplied: Bottles of 1.0 Gm.

Oral Suspension (Flavored)

Each 5 cc. teaspoonful contains 250 mg. of pure crystalline Terramycin. Effective against gram-positive and gram-negative bacteria, including the important coli-aerogenes group, rickettsiae, certain large viruses and protozoa.

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An Improved Anticholinergic Agent

'Elorine Sulfate' relieves spasm and hypermotility of the gastro-intestinal tract, with *negligible side-effects*. It is an excellent adjunct in peptic ulcer therapy. As an anticholinergic drug, 'Elorine Sulfate' effectively inhibits neural stimuli at those ganglia and

effectors where the presence of acetylcholine mediates transmission of stimuli. Clinical data show profound inhibiting effect on intestinal motility in doses of 50 to 75 mg. Within this effective dosage range, side-effects are minimal. May we send you literature?



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(Tricyclamol Sulfate, Lilly)

SULFATE

For spasmolysis *without* sedation—
in 25 and 50-mg. pulvules.

PULVULES

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(Tricyclamol Sulfate and Amobarbital, Lilly)

Formula: 'Elorine Sulfate' 25 mg.
'Amytal' (Amobarbital, Lilly) 8 mg.
Combines 'Elorine Sulfate' with 'Amytal' to provide mild sedation in addition to the spasmolytic effect.

Editorially Speaking . . .

Thirty years ago Tacoma was a town of General Practitioners. There were a few specialists, there were more who while doing general practice paid special attention to certain fields of medicine. Today, Tacoma has progressed to the stage where she can count among her sons in medicine well qualified and highly trained representatives in almost every branch of medical science.

That such a trend in development is also reflected in the position of the General Practitioner is inevitable and the American Academy of General Practice is the logical outcome. Contrary to the misinformation of a few, the Academy is not an organization for the preservation of general practice, nor is it a pressure group of any kind. It is, on the other hand, a privilege for the G.P. to belong to this group, for to do so requires that he keep abreast of the rapidly changing scientific scene with a planned program of postgraduate study comprising 150 hours each three years. Failure to meet this requirement by attendance at local, state or national meetings and formal postgraduate refresher courses will result in expulsion from membership. A certificate of membership signifies that the G.P. is desirous of maintaining the high standards of his professional work, a task made the more arduous because his field of interest is so broad.

The American Academy of General Practice does not suggest nor support any contention that a G.P. do any work for which he has not been suitably trained and qualified. Its stated objectives are clear and concise and comprise for the most part a stimulus to the G.P. himself to constantly strive to keep his work abreast of the times, and to encourage young men to enter the field of general practice which is as necessary to the medical community as the general surgeon.

HERMAN S. JUDD.

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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MEDOSWEET DAIRIES, INC. — TACOMA, WASH.

It is with mixed emotions that we announce the resignation of Dr. Lewis Hopkins as Editor of the Bulletin. He has been a good editor and we have enjoyed working with him, but the pressure of his practice compells him to sever his connection with the Bulletin. However, we are happy to announce that Dr. Herman Judd has consented to assume the editorship and is taking over his post with this issue. We know that the Bulletin will reflect his good humor and editorial management.

THE MANAGING EDITOR.

Office patients do need nutritional support

Analysis of the food habits of office patients, "who present a great variety of less intense ailments . . . offers the greatest therapeutic returns for slight effort."

Strang, J. M.: Pennsylvania M. J. 56:43, 1953.

How Theragran helps office patients

Theragran supplies truly therapeutic dosages of the vitamins almost invariably associated with chronic vitamin deficiency states.



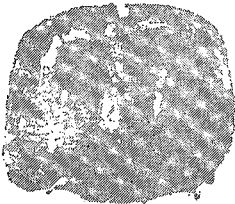
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FIFTH ANNUAL SYMPOSIUM ON
HEART DISEASE

WASHINGTON STATE HEART ASSN. AND
WASHINGTON STATE DEPT. OF HEALTH

University of Washington
Medical School Auditorium
November 6th and 7th, 1953

For the fifth year the Washington State Heart Association and the Washington State Department of Health join to bring the physicians of the Northwest some of the latest developments in the field of Cardiovascular Disease.

We have again secured outstanding authorities in their respective fields: Doctor Herrman Blumgart of Boston; Doctor Howard Burchell of the Mayo Clinic; Doctor David Rutstein of Boston; and Doctor Paul Wood of London, England.

Among the topics to be discussed will be "Treatment of Acute Myocardial Infarction and Congestive Failure," "Selection of Congenital and Valvular Heart Disease Patients for Surgery," "Rheumatic Fever-Prevention and Treatment," "Recent Advances in Congenital and Valvular Heart Disease."

The speakers will conduct panel sessions and discuss questions from the audience, as well as present their scheduled papers.

This Symposium is the equivalent of nine hours of formal post-graduate training for members of the Academy of General Practice. Details of the program will be forthcoming. There will be no registration fee. We hope you will be able to attend.

Again, may we remind you to save these dates—Friday and Saturday, November 6th and 7th, 1953.

Fred E. Cleveland, M.D.,
*Chairman, Committee on
Professional Education.*

DOCTORS GIVE TO EDUCATION

More than one million dollars has been donated to medical education by American physicians since the first of the year. Reports indicate that approximately 11,000 physicians have contributed \$800,000 to the American Medical Education Foundation since January 1. Also records show that 8,217 doctors have contributed \$301,426.42 directly to their alumni organizations.

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Tacoma

RESULTS OF SURVEY OF PHYSICIANS IN SERVICE

Results of the first six months of the continuing survey of physicians separated from active military service have been announced by the AMA's Council on National Emergency Medical Service. As of July 15, 1953, a total of 4,940 questionnaires were sent out and approximately 3,270—or 66 per cent—were returned. These questionnaires were set up to show (a) general information concerning the physician; (b) the extent of military training, branch of service, rank, etc.; (c) type of work performed while in service, efficiency of utilization, percentage of time spent on the care of military personnel, dependents and other types of beneficiaries, staffing conditions for physicians and allied health personnel, and (d) comments and suggestions regarding the Armed Services and the part which organized medicine should play.

Several interesting points brought out in the survey: average total time spent in service by those responding—23 months; average tour of duty in the U.S.—15.6 months; average tour of foreign duty—7.4 months; average time spent in active service, exclusive of time spent in an Army or Navy specialized training program—15.7 months; the majority felt they were properly assigned and rotated; willingness to remain in service for more than two years was indicated by 636 physicians. . . . One question, designed to obtain suggestions on how medical societies may be of greater service to doctors in service, was answered by only 50 percent of the respondents. The most frequently made suggestions were—request for more information, personal visits by civilian physicians to evaluate grievances, invite physicians in service to civilian medical meetings, assist in preventing evasion of military service, provide specialists for clinical conferences. With regard to over-all staffing conditions—576 or 23 percent indicated that they were over-staffed; 616 or 25 percent under-staffed and 1,304 or 52 percent adequately staffed. Comparatively few offered additional remarks—53 seemed dissatisfied with military service; 171 seemed satisfied with their tour of duty.

Copies of the survey report may be obtained from the Council on National Emergency Medical Service.

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UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE

The Department of Surgery of the University of Washington School of Medicine will again sponsor the Alfred A. Strauss Lecture. Dr. Owen H. Wangensteen, Professor of Surgery and Director of the Department, University of Minnesota School of Medicine will give the Strauss Lecture on Friday evening, October 30, 1953, at 8:15 p.m. in the auditorium of the Health Sciences Building, University of Washington campus. Dr. Wangensteen will speak on the subject "Esophageal Aspects of The Peptic Ulcer Problem." Dr. Wangensteen will be the fourth eminent surgeon to give the Strauss Lecture; previous Lectures were Dr. Alfred A. Strauss, the late Dr. Dallas Phemister, and Dr. Warren Cole.

Dr. Wangensteen's contributions to surgery cover many subjects. His book on "Intestinal Obstructions" has gone through two editions, received the Samuel D. Gross prize in 1935, and is the classic in this field. Dr. Wangensteen's development of suction siphonage treatment of acute intestinal obstruction has led to possibly more advances in the treatment of this common and serious condition than any other single innovation.

Dr. Wangensteen has contributed much to the field of cancer surgery. His monograph on "Cancer of the Esophagus and the Stomach" published by the American Cancer Society has been widely read. Dr. Wangensteen also contributed much to the advance of knowledge concerning peptic ulcer. His laboratory has pioneered in the unravelling of much of the basic physiology concerning the mechanism of production of peptic ulcer and of the best operative procedures for the cure of the same. Dr. Wangensteen was the first to point out the importance of peptic ulceration in the causation of lesions in the esophagus. He has shown the importance of the normal cardiac sphincter in preventing regurgitation of gastric juice into the esophagus with resultant production of peptic ulceration. Finally, he has shown that measures which reduce gastric acidity may benefit certain esophageal conditions.

Dr. Wangensteen is a member of many surgical societies, is co-editor of the journal *Surgery*, Chairman of the Surgery Study Section of the U. S. Public Health Service (1952-1956), and has contributed numerous articles to the surgical literature.

The Strauss Lecture is open to physicians, medical students, nurses, and all persons in the medical profession.

The Seattle Surgical Society will give a dinner at the Rainier Club in Seattle in honor of Dr. Wangensteen immediately preceding the lecture.

HOUSE FOR SALE

One of Tacoma's finest old mansions, recently completely renovated and enclosed with iron fence, must be sold. Would make ideal doctor's residence; it is zoned for hospital or nursing home. Will accept trade or low down payment. BR. 1760.

You've Been Working For Government!

Whom did you work for during the first four months of this year?

You'll say that you worked for yourself, or for some business or other. But, in a very real sense, you worked for government! The nation's total 1953 tax bill will be as much as the wages, rents, interest and dividends received by all of us during the January 1 to April 22 period!

Read that again—and then decide whether economical government and eventual tax reduction are in your personal interest.

The Walls Came Tumbling Down

After a particularly severe air raid in London during the war, a rescue squad was seeking survivors in a house which had been completely leveled. They saw in the midst of the wreckage an old man sitting in a bath tub, stark naked, holding his head in his hands and muttering. Pulling beams and girders aside they finally got to him and one of the rescuers said, "Are you all right, old fellow, are you all right?" and the old man muttered, "I can't understand it, I can't understand it." "What can't you understand?" the rescuer said and the old man replied, "I just can't understand it. All I did was pull the plug and the whole house came down!"

—Exchange.

Or Something Like That

On the day after Man of War won the Derby he developed complete anuria. His anxious owners took their valuable horse to a famous veterinarian who made a diagnosis of Equine nephritis and prescribed large amounts of Scotch whiskey. His trainer took him from one bar to another as they consumed gallons of the spirits. This treatment was carried out for some time, but despite the valiant efforts at therapy, the anuria persisted, his blood urea nitrogen rose, and the animal finally succumbed.

Moral: You can lead a horse to drink but you can't make him water.

Karen Rynning

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In this study, as in previous reports²⁻⁵, EURAX Cream produced complete relief of itching in approximately 65 per cent of cases, and partial relief in most of the remainder.

Other favorable features of EURAX Cream that were again confirmed include:

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EURAX Cream* (brand of crotamiton cream) contains 10% N-ethyl-o-crotonotoluide in a vanishing-cream base. Tubes of 20 Gm. and 60 Gm. and jars of 1 lb. at your local pharmacy.

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- *U.S. Pat. #2,505,681.

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The Hospitals . . .

PIERCE COUNTY

On Sunday, August 30, there will be a colorful and interesting event held in the War Memorial Opera House in San Francisco. At that time a number of selected candidates will be made members in the American College of Hospital Administrators. Pierce County Hospital is proud that Superintendent J. Morrison Brady, M.D., will be in the cap and gowned procession to receive the honor.

* * *

Pierce County Hospital personnel enjoyed a picnic on August 7 at Steel Lake. There was a very large attendance, each department being well represented. Games, swimming, dancing and a splendid picnic supper were fully enjoyed. Appreciation is extended by all to Mrs. Lehto and her committee who were responsible for the well planned affair.

* * *

Miss Gerrie Ackermann of the Laboratory is spending her vacation motoring to interesting spots in Canada and will also visit some of the Oregon coast resorts.

* * *

Mrs. Williamson entertained the members of Social Service and their families at her new summer home on Trout Lake on August 21.

* * *

Mrs. Jessie Haycock leaves next week with her husband for their attractive ranch home "Toandos" on Hood Canal where they will stay for the major part of the following three weeks. However, they plan to visit the Pendleton Roundup too.

* * *

Mrs. Louise Hershey has returned from a delightful vacation trip through Southern Oregon. She was accompanied by her two daughters.

* * *

Mrs. Lehto, dietitian, has as her guest for an indefinite stay, her sister, Mrs. Elizabeth Davis of Lodi, California.

* * *

The members of Pierce County Hospital extend their deep sympathy to Mrs. Alice Miller upon the death of her husband on August 12.

* * *

Mrs. Beth Ray and daughter, Leslie, have returned from a visit with Mrs. Ray's mother in Waitsburg, Washington. They returned through Oregon, enjoying several of the vacation spots along the way.

* * *

Friends regret that Mr. George Mahaney of the Diet force is leaving. He has been a valuable member of the force during the past five years.

* * *

Mary Wilson, x-ray, has returned from her vacation. She enjoyed several successful fishing trips with her father, S. M. Wilson and her nephew, Billie McRae of Billings, Montana.

* * *

The hospital is welcoming back Miriam Killam of Physiotherapy. She has been living with relatives at Alberni Valley, Vancouver Island since April 1.

* * *

Rosemary Corliss is resigning from the front office staff and her place is being taken by Mrs. Orpha Jason. The personnel welcomes Mrs. Jason but regrets losing Rosemary.

TACOMA GENERAL

On August 1, Drs. Ada and Hugo Van Dooren arrived from Holland to spend the coming year on the Tacoma General Intern Staff. They are both graduates of the University of Amsterdam School of Medicine, and they hope to make their permanent home in Washington. After their decision to come to the United States if possible, they read "Inside U.S.A." by John Gunther. Because of what he said about our State, they chose Washington as the place they would most like to live.

* * *

Dr. Charles E. Anderson has joined Dr. John Bonica as an Associate in the practice of Anesthesiology. He is a graduate of the University of Illinois College of Medicine and served his internship and residency in Anesthesiology at Milwaukee County Hospital, Milwaukee, Wisconsin.

* * *

The Anesthesiology Department has two new Residents, Dr. Philip Matzinger, who received his M.D. from the Northwestern Medical School; and Dr. Charles W. Dreher, who was graduated from the Medical School of the University of Kansas.

* * *

Miss Leona Forsberg, Medical Clinical Instructor, who has been an important part of the Tacoma General Staff for 11 years, is leaving to become Coordinator of Practical Nurses at the Tacoma Vocational-Technical School. In this position she will supervise student practical nurses in their clinical work at St. Joseph's and Tacoma General Hospitals.

* * *

Commencement Exercises for the School of Nursing were held on September 4th. The Commencement address was given by Dr. John Phillips of the College of Puget Sound. Appropriate talks were made by Dr. Don Willard, Chief of the Medical Staff of the Hospital, and Dr. H. S. Judd, School of Nursing Physician.

* * *

Miss Nedra Betty, Therapeutic Dietitian, recently attended a Diet Therapy Workshop in Seattle. Guest speakers included Dr. Russell DeAlvarez, who spoke on the dietary treatment of toxemia in pregnancy; Dr. Wade Volwiler, who gave the medical background for the dietary treatment of ulcers; and Dr. Howard Hockedorn, who discussed vitamins, and their role in metabolism.

* * *

The dual switchboards now in operation mean that we are prepared to give excellent service on all telephone calls. Two girls are at the switchboard during the busy hours, there are more trunk lines for incoming calls, and more extensions on which to receive or place calls.

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AMA URGES CONGRESS TO VOTE TAX RELIEF FOR PENSIONS

Spokesmen for the American Medical Association, testifying before the House Ways and Means Committee, have urged that all gainfully-employed persons be given equal opportunity under the tax law to set up old-age pensions. The Committee expects to make recommendations for tax law changes when Congress reconvenes in January.

Representing the AMA were President Edward J. McCormick and Frank Dickinson (Ph.D.), director of the association's Bureau of Medical Economic Research. They reminded the committee that although corporations need not pay federal taxes on money put into employee pension funds, the same privilege is not extended to the country's self-employed, including physicians, dentists, veterinarians, lawyers, architects, farmers, store owners, and many others. Drs. McCormick and Dickinson urged that the retirement tax advantage be granted to those employees not covered by pension plans as well as to the self-employed. Dr. Dickinson said that of the country's gainfully employed, only about 18 million persons benefit from the pension tax relief. Those discriminated against include 11,000,000 self-employed and 32,000,000 pensionless employees.

Dr. McCormick said that extension of the tax-deferral provisions to the latter two groups would "give them increased incentive to save for their old age during their best earning years. . . . Not one cent would be paid by the government. It represents an opportunity for all who can pay for their own retirement to do so." He explained that the proposed legislation "would be of particular benefit to physicians who go through a long and costly period of training and whose earnings are bunched into a comparatively short period of years when they are subject to high income tax rates."

Associations joining with AMA in supporting the legislation include American Dental Association, American Bar Association, American Institute of Accountants, American Veterinary Medical Association, National Association of Investment Companies, National Society of Professional Engineers, and the American Farm Bureau Federation. Representatives of several salesmen's and police and firemen's associations also testified in favor of the plan.

LETTER TO THE EDITOR

Dear Mrs. Miller:

The annual convention of the Washington State Academy of General Practice to be held this year in Yakima, October 30th and 31st, is drawing close.

Those attending the convention are sure to return to their homes reflecting the grand time had at the meeting.

Truly fine exhibits will be on display. The program has been carefully planned so that each minute of the two day convention will be full of interesting information and real entertainment.

The Yakima Chapter of the AAGP has reserved a block of rooms with the Chinook Hotel (the official hotel for displays and meetings) with the Commercial Hotel (a half block from the Chinook) and a few suites with the Cabana Lodge Motel. Reservations requests have been pouring in, and it is suggested that your Society members planning to attend the convention send at once request for reservations to Mr. J. M. Cowan, Yakima Medical Service Association, Yakima (acting as housing committee for the AAGP convention) in order to avoid disappointment.

Yours very truly,

American Academy of General Practice

EARL J. OLSON, M. D.

General Chairman,

Washington State Chapter

P.S. Duck, pheasant and goose hunting promises to be good—the excellent fishing in the Yakima Valley is to be remembered.

P.P.S. We would appreciate your informing your entire membership with respect to the convention.

FAMILY SPENDING FOR MEDICAL CARE

Government statisticians estimate that the average urban family spent 4.7% of all of its expenditures on *medical care* in 1952. The Bureau of Labor Statistics, which computes the monthly cost of living index, has divided total family spending as follows: 30.1% for food, 32.0 for housing, 9.7 for clothing, 11.0 for transportation, 4.7 for medical care (including health insurance costs), 2.1 for personal care, 5.5 for reading material and television and 5.0 for other goods and services. In arriving at price changes in family spending each month, BLS will take into account price fluctuations in each category listed above. The revised index is the outgrowth of a study that started in 1950.

A Matter of Words

A teacher wrote to the parents of a little boy: "Your boy, Charles, shows signs of astigmatism. Will you please investigate and try to correct it."

The next morning she received a reply from the boy's father, saying: "I don't exactly understand what Charlie has done, but I walloped him tonight and you can wallop him tomorrow. That ought to help some."

—Marjorie Kurtz.

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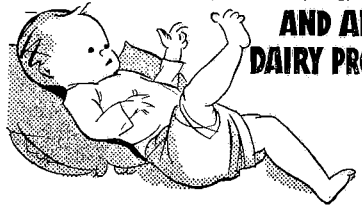
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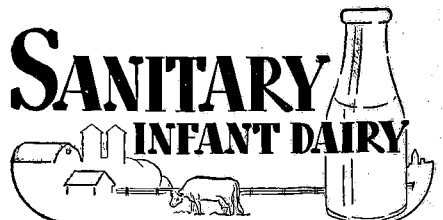


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SIX OF 12,527 PHYSICIANS DENIED COMMISSIONS ON LOYALTY GROUNDS

A compilation by the Army Surgeon General's office shows that of the 12,527 physicians coming into the three military services since start of the Korean war, only six have been denied commissions on grounds of questionably loyalty. The ratio for dentists is about the same, three out of 5,409.

Although 42 physicians and dentists have been inducted as privates during the period, 31 were subsequently commissioned or discharged for physical disability. Some of the 31, the Army said, simply waited too long to apply for a commission, and others were misinformed about the facts in their particular cases prior to induction. Several are known to have neglected to ask for a commission in the mistaken belief that they were not physically acceptable. Later, after induction, they qualified under the new lower standards for medical officers.

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of July 21, 1953, to August 20, 1953, inclusive:

Chickenpox	19
German Measles	37
Gonorrhea	20
Hepatitis	7
Infectious Mononucleosis	3
Malaria	4
Measles	62
Mumps	17
Pneumonia	2
Polio-myelitis	2
Rheumatic Fever	1
Ringworm	3
Scarlet Fever	4
Septic Sore Throat	1
Syphilis	2
Tuberculosis	11
Vincent's Disease	1
Whooping Cough	7

INTERN SITUATION AT TACOMA GENERAL

Dr. Herman Judd, chairman of the Intern Committee of Tacoma General Hospital, says that the doctors on the staff of the hospital should be complimented on their splendid cooperation in handling the emergency room between July 1 and August 15th, when no interns were available for the purpose. At the present the problem of obtaining interns has been at least temporarily alleviated, and a very earnest campaign is currently under way to obtain more for 1954-55. One plan which will call for the co-operation of the staff physicians will be to send a personal letter to each applicant for internship from a Tacoma graduate of that intern's school if possible, and in some cases to arrange personal interviews.

STATISTICS ON THE 83rd CONGRESS

Following are a few figures that show how much time was spent, and how much work was accomplished by the 83rd Congress of the United States:

	Senate	House
Days in session.....	125	117
Time in session.....	763 hrs.	506 hrs.
Measures passed.....	848	1,048
Measures introduced.....	2,931	7,764
Bill vetoed.....	4	3
Vetoës overridden.....	none	none

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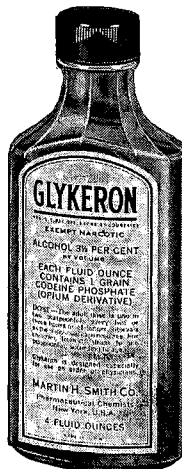
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Literature on request

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RECORD HIGH LONGEVITY AT THE MID-CENTURY

In 1950 the average lifetime of the American people reached a new high of 68.4 years. This represented a gain of 21 years since 1900—an extraordinary record of progress in life conservation. During the prior half century—from 1850 to 1900—the increase in average lifetime in our country was only seven years; before that the gains were even more gradual.

Our remarkable longevity record since the turn of the century is the result of many factors. The striking advances achieved in the medical and allied sciences have been made widely available throughout the country. At the same time, public health agencies, official and voluntary, have multiplied in number and broadened the scope of their activities. In addition, our health and general well-being have benefited greatly from the rapid rise in the standard of living. The effect of these advances is highlighted by the fact that the average American who now reaches age 25 has as many years of life before him as did the average newly born baby of 1900.

The most noteworthy feature is the high figure for the expectation of life at birth for white females—72.4 years. In this group more than 70 years of life remain for children through age 4, more than 60 years for those through age 14, and more than 50 years for adults through age 25. The average age at death—the attained age added to the expectation of life—is at least 75 years for all white females 21 years of age or older.

The expectation of life at birth for white males corresponding to mortality conditions in 1950 is 66.6 years, or 5.8 years less than that for white females. This disadvantage diminishes slowly with advance in age; the difference drops to five years at age 23, to four years at age 51, and to three years at age 60. The sex differences were appreciably smaller at the turn of the century—namely, 2.1 years at birth and less than one year at age 60. Thus, during the past half century white females have not only had a longer average lifetime than white males but they have made more rapid gains in longevity as well.

The marked success achieved in controlling the diseases of childhood and early adult life is clearly reflected in the remarkably low mortality rates at these periods of life. In 1950, the mortality among white males was less than 2 per 1,000 in the ages from 2 through 31 years; among white females the corresponding range was even wider—from ages 1 through 37. After infancy, a death rate as high as 10 per 1,000 was not reached until age 50 by white males and age 57 by white females.

Among nonwhites the expectation of life at birth in 1950 was 59.2 years for males and 63.2 years for females. Their record falls far behind that for white persons, the difference amounting to as much as 9.2 years for females and to 7.4 years for males. The longevity among non-whites in 1950 was practically identical with that for the white population in 1937. The mortality rates among nonwhites are appreciably higher than those for white persons

throughout life, and particularly after childhood.

The improvement in longevity during the past half century has increased greatly the chances of survival to midlife and even to the threshold of old age. With the mortality conditions around 1900, only 66 out of every 100 newly born babies (without distinction as to sex or color) would be expected to reach age 40, and their remaining lifetime then average 28.3 years. Under current mortality, the chances of survival to age 40 are 92 in 100, and the expectation of life at that age is 33.1 years. Similarly, the chances of living from age 40 to age 65 have risen from 62 to 74 per 100, and the expectation of life at age 65 has increased from 11.9 to 14.1 years.

It is not likely that the second half of this century will duplicate the accomplishment of the first half in improving the average length of life. However, there are still substantial margins for improvement, and it probably will not be long before the population of our country reaches an average lifetime of 70 years.

A Few Small Changes

When his miserly old uncle died and left him a sizeable bequest Honore de Balzac wrote the news in identical notes to his publisher and friends—“Yesterday, at five in the morning, my uncle and I passed on to a better life.”

—*Volta Review.*

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D.C. DOCTORS ANSWER INTERNS' QUESTIONS

Medical school curricula already are bursting at the seams with scientific courses. As a result most medical students receive little training in the practical aspects of meeting and dealing with people and running a medical practice. A real need for instruction in such subjects as office management, financial records, proper handling of patients' accounts, the more common medico-legal procedures, life and other insurance, investments and medical ethics is apparent.

From a public relations standpoint, training in the practical aspects of medical practice is vital. Taking a step toward meeting this need, the Medical Society of the District of Columbia is holding a series of "Question Hours" on the economics of medicine for interns and residents. The first such Question Hour was held April 9 at Gallinger Municipal Hospital, and more than 90 young medical men turned out to hear a panel of experts discuss a variety of subjects related to medical practice. Another session was held a few weeks later at the society's headquarters.

WATCH FOR MISLEADING ADVERTISING!

Case I. An Industrial Solvent.

1. Printed statement of local distributor who buys solvent from manufacturer and re-packages it under another name:

"A fast-cleaning, quick-evaporating, fireproof solvent."

Local representative has suggested its use on parts at a temperature of 500 degrees F and over.

2. Statement of manufacturer:

"The fire hazard of this product is judged to be in a class with that of kerosene. . . ." "After 20 per cent of the mixture had been evaporated, the flash point was 132.1 degrees F and from that point through 50 per cent evaporation, flash points ranging from 113-132.1 degrees F were obtained."

Case II. Another Industrial Solvent—

Manufacturer's Statement:

"HEALTH: Non-toxic MAC 200-500 ppm. Ventilation required."

If this product is non-toxic why has an MAC been specified? Approximately 15 per cent of this product is very dangerous to the eyes, and induces narcosis. The balance is composed of aromatic hydrocarbons which are dangerous to the eyes, may cause a depressant action upon the central nervous system, and are generally very similar in toxic effects to benzene.

—From *Environmental Research Laboratory, University of Washington*

LOBBYING IN CONGRESS

It is well known that all lobbyists must register with the U. S. Government, but judging from the length of the report that must be filled out before such duties may be performed, one wonders why anyone would want to become a lobbyist. Be that as it may, there were 821 separate and individual lobbyists present during the session of the 83rd Congress; their expenses ranged all the way from 65 cents (sounds like the cost of one Scotch and soda) spent by the American Jewish Congress, to the National Association of Electric Companies whose expenses totaled \$268,937.03. The American Federation of Labor spent \$62,270.58 and the AMA \$88,765. The AMA stated as their objective "The general legislative interest is to advance the science and art of medicine."

One lady lobbyist who represented the National Economic Council Incorporated, stated that her "—legislative interests are in favoring any legislation that tends to support private enterprise and maintain American independence and to oppose measures that work contrariwise. Her expenditures were \$45.45. Seems like a small sum to spend on such a worthy cause.

We have a communication from the United States Penitentiary on McNeil Island, stating that they are accepting bids on a Benedict-Roth Metabolism Apparatus that will be sold. Additional details may be obtained in the office. MA. 2020.



read **Pfizer**
Spectrum
weekly in the J.A.M.A.

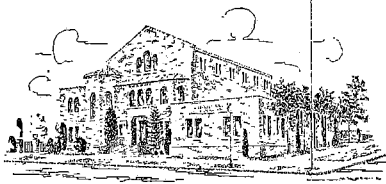
Be sure to read these features in SEPT. issues of *Spectrum*, appearing in the first section of the

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Lung Abscess ● *Tumors of the Neck* ●
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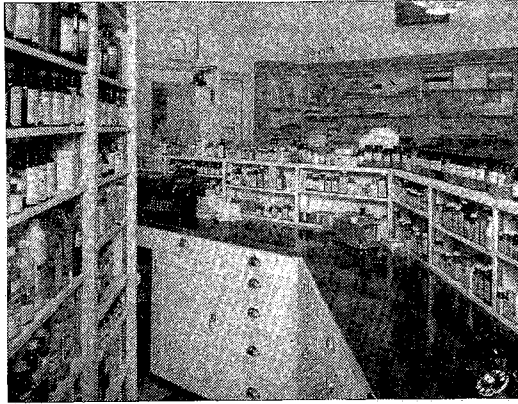
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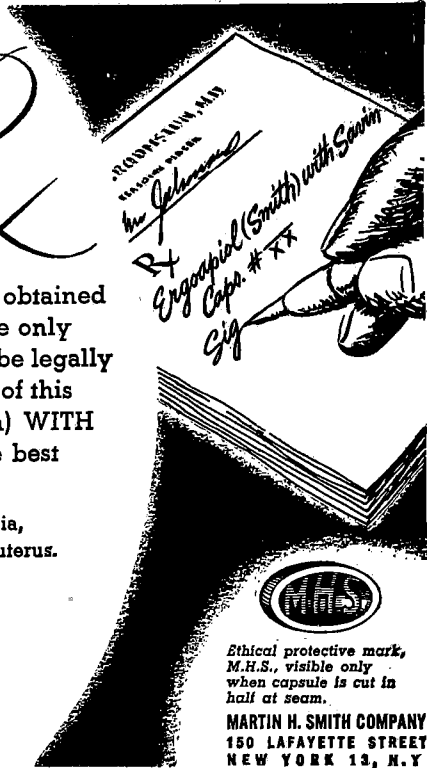
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First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

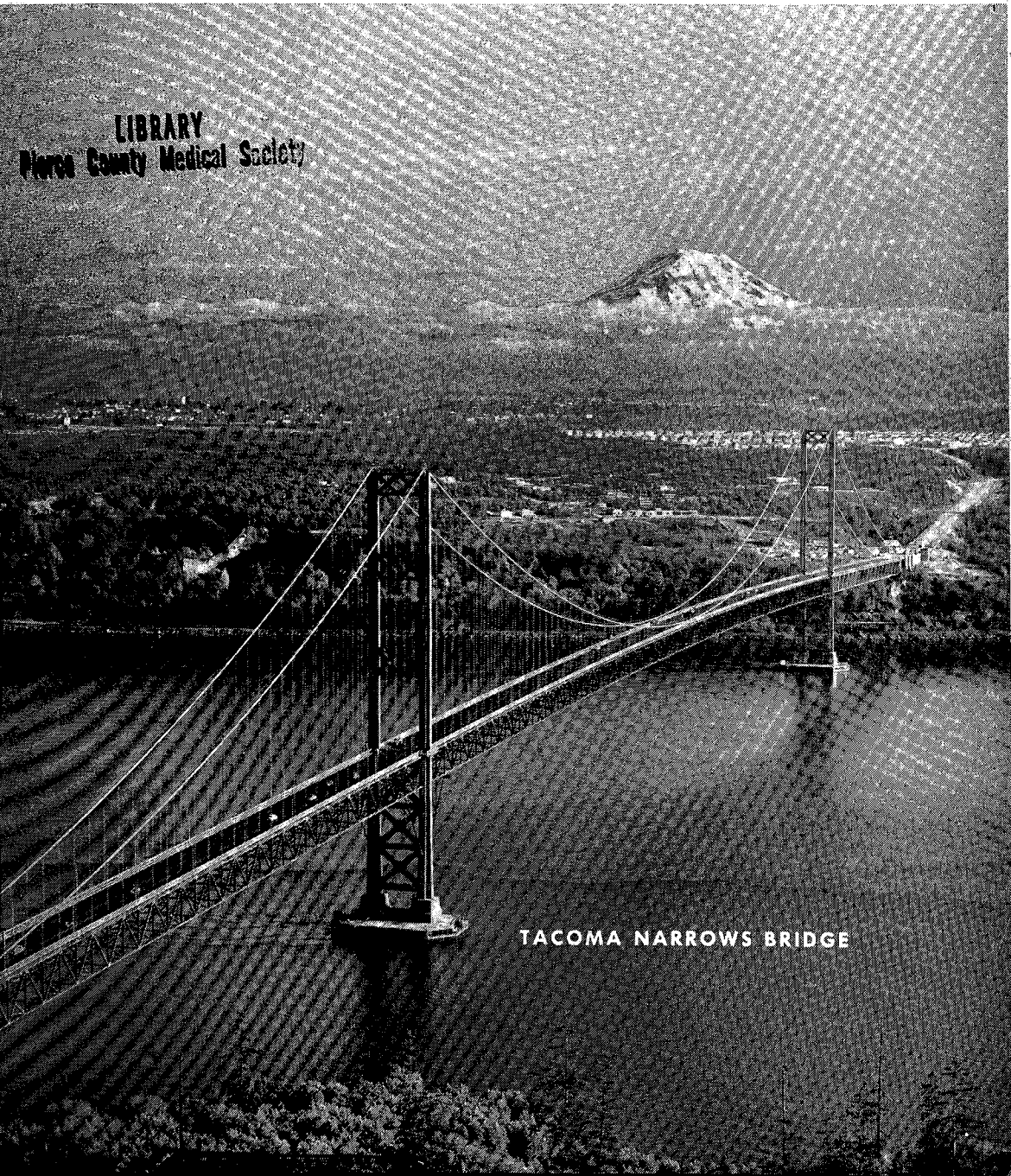
The **BULLETIN** *of the*
PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 2

TACOMA, WASH.

OCTOBER - 1953

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Program

Medical Arts Building Auditorium

Tuesday, October 13, 1953

8:15 P. M.

Present Status of Adrenocortico

Hormones in Dermatology

By Dr. R. A. Pommerening,

Department of Dermatology,

University of Washington

NOTICE

Check back page of Bulletin for calendar
 of special meetings

*Cover photograph of the Tacoma Narrows Bridge of
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**Annals of Internal Medicine*, 37:465, 1952.

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The President's Page . . .

The Doctors of Pierce County are again asked to contribute to the United Good Neighbor Fund.

This is a reasonable request which should be carefully considered. The participants are all worthy. Any doctor approached would willingly contribute to a solicitor for any single participant.

It was a wise and economical gesture when all the organizations agreed to unite in one fund raising campaign, with the consequent minimizing of administrative costs. Your one contribution to the Good Neighbor Fund supports the American Red Cross, Community Chest, (24 organizations), United Defense Fund-USO, Heart Association, Cancer Society, and provides funds with which to combat polio and aid its victims.

Now that the privilege and duty of contributing our professional skills to the indigent has been largely assumed by governmental functions we must seek other means by which to perpetuate the time honored question of being "our brother's keeper."

The good work of the Cancer Society redounds to the individual doctor. Polio is indiscriminate. We know the status of heart disease. We all have boys or girls in the Scouts. It is most comforting to know that there is a USO when our sons are in the service and away from home. This is surely a program in which the giver assists himself, and where the gift is twice blessed.

Look at the Good Neighbor Fund giving scale and gauge your pledge as liberally as your budget permits.

Review now the advantages of the Good Neighbor Fund:

1. You give once a year.
2. You give according to your income.
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Strang, J. M.: Pennsylvania M. J. 56:43, 1953.

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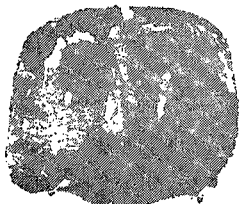
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SQUIBB



WOMAN'S AUXILIARY

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MRS. S. R. LANTIERE

MEETING DAY CHANGED

The Auxiliary will meet on the third Friday of the month this season instead of the second Friday, as in the past. On October 16 the annual membership tea at the new home of Mrs. David H. Johnson, 63 West Road, will be held at 1:30 p.m. The Peck Modeling School of Charm, Seattle, is sending Mrs. Janet Van Law to speak on "Making the Most of What You Have."

Yearbooks, which are limited in number, will be given to members when they pay their dues at the membership tea. The Membership Committee have edited the year book this year in addition to their usual work of contacting all women eligible to membership in the Auxiliary. Jo Kohler, chairman, entertained her committee at luncheon at the Top of the Ocean several weeks ago to make plans. Other committee members who have been working are Donna Ferguson, co-chairman, Nancy O'Leary, Dorene Evert, Betty Paine, and Ruth Zimmerman.

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 Bulletin, Mrs. Charles McGill
 Program..... Mrs. G. M. Whitacre
 Co-Chairman, Mrs. Lester S. Baskin
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 National Bulletin..... Mrs. George S. Kittredge
 Civil Defense..... Mrs. G. A. Moosey
 Speakers' Bureau..... Mrs. John F. Steele
 Rummage Sale..... Mrs. Govnor Teats
 Co-Chairman, Mrs. Murray L. Johnson
 Nurse Recruitment..... Mrs. Thomas B. Murphy
 Co-Chairman, Mrs. John Bonica

STATE CONVENTION IN SEATTLE

Our delegates to the convention of the Auxiliary to the Washington State Medical Association in Seattle Sept. 13 to 16, were: Hilda Lantiere, Helen Jarvis, Erma Wahlberg, Gladys Hanson, Hazel Whitacre, Ruth Murphy, and Muriel Nelson, outgoing president. Helen Kittredge was unable to serve as delegate because of illness. Others who attended meetings and social functions were: Anna Robertson, Edith McGill, Madge Buis, Ruth Light, Edith Trimble, and Mamie Reynolds. Helen Jarvis assisted in registration.

Six Pierce County women entered the golf tournament: Ruth Zimmerman and Hazel Whitacre, who

(Continued on Page 11)

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MRS. MILLER REGRETS . . .

It is with sincere regret that I tender my resignation as Executive Secretary, Medical Librarian, et cetera, to the Pierce County Medical Society. It is only because at this time it is expedient that I move to Seattle that I must make this move.

It has been a pleasure to serve you and I will be eternally grateful for all that I have gained through working for you. If I have been in any measure successful in my undertakings for the Society it has been because of the wonderful cooperation of the members, and I know that my successor (unappointed as yet) will have the same generous help that you have given me.

I will be here until the 23rd of October, and will continue to do all that I can to assist you until that time.

(Continued from Page 9)

won prizes in their divisions, Marcy Peterson, Dotty Reid, Kay Anderson, and Kay Willard.

* * *

The death of Mrs. C. P. Gammon occurred September 5 after only a few days of illness. She had been active in community affairs until a week before that time. Mary Helen came to Tacoma with Dr. Gammon about 40 years ago; she had been an auxiliary member before his death in 1943.

* * *

The Burton Brown's daughter, Beverley, who has been in Europe since April, was aboard the S.S. United States which docked in New York, September 15. She will tour the States by car on her return to Tacoma.

* * *

Although Sherry Johnson is confined to her home because of rheumatic fever, she is having visitors. We hope she will soon be back in circulation.

* * *

The Geisslers added a baby boy to their family in September.

* * *

The J. Edmund Demings (Alberta) have returned to Tacoma with their three children. In 1950 they left when Dr. Deming went into the Navy, after which the family accompanied him while he trained at Indianapolis General Hospital.

* * *

Friends of Charlotte Sanderson are pleased to know that she is home and sitting up a few minutes daily. Five months ago she went east for heart surgery, after which she was in a local hospital for two months. She asked to be remembered to everyone and says she may have limited company (telephone first).

* * *

When you have items of interest "About Each Other" please call Edith McGill, P.ROCTOR 0034.

FORT LEWIS, WASHINGTON

The Post Surgeon of Fort Lewis, Washington, announces a new lecture series to be held monthly at Fort Lewis, Washington.

These lectures will be on topics of interest to both the general practitioner and specialist. Civilian and military physicians in the area are cordially invited.

For those who are interested in attending a luncheon to precede the lecture, arrangements may be made by telephoning the Post Surgeon's Office (Lakewood 3611, extension 22204 or extension 22201).

The first lecture will be held on Monday, September 21, at 1:00 p.m. at the main Officers Club at Fort Lewis, Washington. Major John E. Edwards, Chief of the Ophthalmology Department, Madigan Army Hospital, will talk on "Eye Conditions of Interest to the General Medical Man."

WM. YUCKMAN,
Lt.-Colonel, MC,
Post Surgeon.

A drunk fell from a 2-story window and hit the pavement with a terrific impact. A crowd gathered and as the drunk staggered to his feet someone in the crowd grabbed him by the arm asking, "What happened?" To which the drunk replied, "I dunno; I just got here."

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of August 21, 1953, to September 20, 1953, inclusive:

Chickenpox	6
Dysentery	33
German Measles	6
Gonorrhoea	16
Hepatitis	6
Impetigo	11
Malaria	5
Measles	40
Mumps	18
Pneumonia	6
Poliomyelitis	9
Rheumatic Fever	1
Ringworm	4
Scarlet Fever	5
Syphilis	4
Tuberculosis	11

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PIERCE COUNTY

September, 1953

Mrs. Huycke, dietician, is leaving the department to become a full time housekeeper at her attractive home. Her position is being taken by Anne Johnston, lately arrived from her home in Michigan. Miss Johnston received her training at the University of Idaho and the University of Michigan.

* * *

Several members of the Laboratory are presently enjoying vacations or anticipating trips in the near future. Pauline Chamberlain and her husband are visiting Mr. Lyman Chamberlain's parents in Idaho. Jean Cummins and husband are planning a fishing and climbing trip in the Olympics. They are going into the Dosciwallups over the Hayden Pass. Mrs. Jessie Anderson is vacationing in San Francisco and Long Beach, California, visiting friends.

* * *

Ann Ness and husband are driving to California and Mexico. They plan a leisurely trip in their new Mercury and will leave September 23.

* * *

Dick Nastale, Emergency Room, spent an enjoyable week end at Olympic Hot Springs attending the Sports Car Rally.

* * *

Mrs. Ila Southworth and her husband are again proud grandparents. They are welcoming their daughter and son-in-law's new baby daughter, born September 8, weighing eight pounds, eleven ounces. The little lady will be called Ruth Alice Siebert and is the daughter of Mr. and Mrs. Jim Siebert.

* * *

Lilian Wilson, assistant Superintendent of Nurses, is vacationing at her sister's home in Oakland, California.

ST. JOSEPH

A group of 34 students enrolled for the fall classes in Nursing. This is about the most representative class we have had so far. Besides graduates from practically every high school in the vicinity, there are students from Bremerton, Homedale, Idaho, Seattle, Hoquiam, Port Angeles, Olympia, Winlock, Portland, Spokane, Aberdeen, Montesano, Bellevue, Renton, Ilwaco, Centralia, Oakland, California and Mt. Edgecombe, Alaska.

* * *

The entire student body of nurses went to the Viking on Tuesday evening September 8th. A very good time was reported by all.

* * *

During the past few months Sr. Celine Magdalen, who has her degree from Seattle University in Nursing Education, has been in charge of Nursing Service. We all enjoy her cheerful presence.

* * *

Mrs. Ruth Zelenak has returned to the staff after a long absence and is now employed as Clinical Instructor in Surgical Nursing.

* * *

Sr. Mary Emmanuel who completed a course in Medical Record Librarian Science, has now filled the vacancy left by Sr. Bona-Ventura in the Medical Record Department. We are happy to have Sister with us again.

* * *

The Medical Records Department has two new members on its staff, Miss Barbara Santino, who is a Registered Record Librarian and Mrs. Frances Eresman.

* * *

We are proud of our staff of Interns for the year ahead. They have adapted themselves to the work prescribed very nicely. They are: Dr. Delphin Kohler, Dr. Arnold W. Johansson, Dr. Roy E. Fredericksen, Dr. Gordon Dean and Dr. Frans L. Wery, who comes from Holland and is a graduate of Leyde University. Dr. Wery's first impression of life in United States—IT IS FABULOUS.

* * *

Dr. Richard Vimont reports fishing in Columbia river is just as good as opening day at Mowich Lake. Confidentially and for the benefit of the doctors who like good fishing, Dr. Vimont left all the fish in both places.

* * *

Dr. Leo Scheckner was a patient in our hospital not so long ago. We are glad to hear he is recovering nicely.

* * *

Dr. Michael Irvin was also a patient in September and reported that he had a very pleasant stay.

* * *

Miss Donna Gustin and Miss Joann Soraghan both graduates of St. Leo High School are pioneering in the field of X-Ray Technology in our hospital. As yet the State of Washington has no registered school for X-Ray Technology. With the demand for technicians there are great possibilities for success in the field of X-Ray.

* * *

The regular monthly staff meetings will begin again on September 21. The usual weekly C.P.S. meetings will begin again the first Friday of October and will be held weekly from then on in the cafeteria at 9 o'clock in the morning.

* * *

A 9-lb. baby girl was born to Mr. and Mrs. Frank Fiorino on September 9, 1953. Mr. Fiorino is head of the clinical laboratory.

VETERAN'S ADMINISTRATION

Psychology Training Unit Comes to American Lake

The Veterans Administration Clinical Psychology Training Unit has been transferred to the hospital at American Lake from the Regional Office in Seattle. This unit provides clinical training for graduate students accepted for the VA program during four of their five years of graduate work at the University of Washington. Candidates for the program are selected from students who have

(Continued on Page 15)



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(Continued from Page 13)

completed their first year of graduate work.

The staff of the Clinical Psychology Service at American Lake has recently been augmented by the addition of Dr. John Marks, a graduate of the VA training program in Clinical Psychology. Dr. Marks received his doctorate from the University of California, Berkeley. Another member of the staff, Dr. Leslie Navran, is also a graduate of the VA training program and received his graduate training at Stanford. The other members of the psychology staff at present are Dr. Libby Blek, who was trained at the University of Connecticut, Ohio State and Brooklyn College and the Chief Psychologist, Dr. J. C. Stauffacher, who has been at American Lake since 1947.

During their four years in the program, trainees are sent for clinical training to the hospitals at American Lake, Beacon Hill, Seattle, and the Mental Hygiene Clinic, also in Seattle. Other facilities for training in this area that are used less regularly are the Hygiene clinics in Spokane and Portland and the VA hospitals in Vancouver, Portland and Roseburg. At the completion of their training in the VA program, each psychologist has received his Ph. D. in Clinical Psychology, has completed two full years of internship and is eligible for a staff appointment in VA hospitals or clinics.

Although American Lake has been training psychologists for five years under this program, the administration of the training unit is a new and challenging responsibility.

* * *

Mr. Richard G. Jones, Assistant Manager, Mr. Reuben Denning, Personnel Officer and Mr. Stanley A. Zielinski, Registrar, attended the American Hospital Association Convention recently held in San Francisco. In connection with this convention, The American College of Hospital Administrators held ceremonies for the award of honors to seven Washington hospital administrators. Mr. Jones was among four named as Members of the college.

* * *

Recently the Pierce County Bloodmobile was brought to this hospital and 136 pints of blood were given by our personnel to be used for plasma and gamma globulin.

* * *

Miss Shirley A. Middleton has resigned from our nursing staff to take a position with the Tacoma Public Schools.

* * *

To our nursing staff has been added Miss Nancy Bowman, Miss Joann Prouty, Mrs. Janet Eckstein and Mrs. Valeria Thoe.

* * *

Annual Meeting of the W.S.L.N.

Nurses, doctors, other professional community workers, and the consumers of nursing services will gather at the Health Science Building on the University Campus in Seattle at 9:00 a.m., Friday morning, October 23rd, for the first annual meeting of the newly organized Washington State League for Nursing.

The theme of the meeting will be "Community Activity for Improved Nursing Services." Examples of ways in which local communities have con-

tributed to improve nursing services and nursing education through joint efforts of community professional workers and consumers of nursing service will be presented and problems now facing communities intent on improving health services will be discussed.

Outstanding speakers will help conference participants in solving community nursing problems and a luncheon, buffet supper and mid-morning and mid-afternoon recesses will provide time to meet old friends and become acquainted with other community workers attending the conference.

Every League member should plan to bring a friend, co-worker or neighbor with him to make the conference of outstanding worth. Be sure to circle October 23rd on your calendar.

* * *

There are two new occupational therapists on the staff of the VA Hospital, American Lake. Mr. William Lensing, a graduate of Washington University School of Occupational Therapy, is working in the Geriatrics Building. Although new to Occupational Therapy, Mr. Lensing is not new to Rehabilitation. Prior to attending Occupational Therapy School, Mr. Lensing was employed as a Manual Arts Therapist in several VA Hospitals in the mid-west. The second new therapist is Mr. Robert Glass, a graduate of the College of Puget Sound Occupational Therapy Department. Mr. Glass is well known at the hospital as he worked as a hospital aide while attending CPS, and was assigned to the hospital for his Occupational Therapy Psychiatric Affiliation. Mr. Glass is assigned to the Tuberculosis Ward and to the Continued Treatment Clinic. The Occupational Therapy staff is looking forward to October 1st, when new affiliates will arrive to begin their three month psychiatric affiliation.

* * *

Patients and staff of Physical Medicine and Rehabilitation have all been busy for the past several weeks working on the Puyallup Fair exhibit. This, in the major part, is a pictorial story of "Joe" being treated at this hospital.

LOCUM TENENS

The office has a request from a doctor in Detroit who would like to find a locum tenens in Washington from January to June 1954. He has a Washington license and can do general practice or internal medicine. Please call the office for further details.

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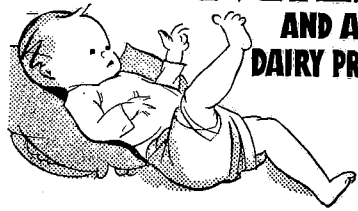
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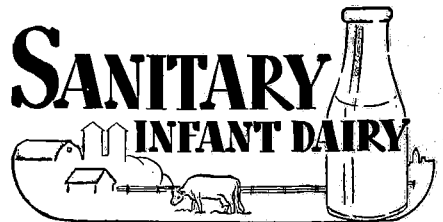


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ADOPTION OF THE VDRL TEST BY THE TACOMA-PIERCE COUNTY HEALTH DEPT.

Serologists have long recognized that the so-called "Serologic tests for Syphilis" are not specific tests for this disease. Actually these tests are specific for a substance technically referred to as REAGIN. The REAGIN content of human blood is increased to detectable amounts not only in syphilitic infections, but also during a wide variety of other pathologic conditions.

Cardiolipin antigens developed in recent years have increased the sensitivity of these REAGIN tests. Paralleling this increase in the sensitivity of the tests, there has been a notable decrease in the morbidity rates of syphilis. More of the bloods are "reactors" to the REAGIN tests now represent diseases other than syphilis. (1) Evidence now accumulated indicates that probably 40% of the reactive bloods are due to non-syphilitic pathology.

The VDRL test is one of the newer tests that employ cardiolipin antigen. It was developed by the U. S. Public Health Service. It is a standard test of the U. S. Armed Forces. It has been adopted as a standard test by the Washington State Health Department. The Tacoma-Pierce County Health Department is, also adopting it, and is currently performing it on an evaluation basis. For the next few months, both the VDRL and the Standard Kahn will be reported on all reactive bloods. Since the VDRL is a more sensitive test than the Standard Kahn, the quantitative titers are difficult to compare. In general, bloods reported by VDRL reaction as "Weakly Reactive—negative in dilution" or "Reactive—1:2" can be considered as weak or minimal reactors. Those reported as "Reactive—1:4", "Reactive—1:8", or "Reactive—1:16" can be considered moderately strong reactors. Bloods with quantitative titers above 1:16 can be considered strong reactors.

Mr. Gilkey, Bacterologist for the Tacoma-Pierce County Health Department, is available to attend staff meetings, or other functions, where physicians are interested in a further discussion of this subject. For more information call Mr. Gilkey at BR. 9341, extension 20.

Reference: (1) JAMA, Vol. 150, No. 5, pp. 467-473, October 4, 1952.

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TACOMA ACADEMY OF MEDICINE

The Tacoma Academy of Medicine will present their 4th Annual Invitational Meeting on March 6, 1954. Dr. Robert E. Lane is program chairman. The meeting will consist of discussions of case histories during the morning session, lectures in the afternoon and a banquet in the evening. Heart disease will be the topic of discussion and lectures. Dr. George Burch, professor of medicine at Tulane University, will be the principal speaker.

PHYSICIAN'S CAMERA CLUB

A number of members of the Pierce County Medical Society have shown an interest in photography, and it is felt by some of us that the formation of a Physician's Camera Club would be in order. Those interested please attend the next Society meeting, September 13th.

DOCTOR NEEDED ON VASHON ISLAND

A call has come in again from Vashon Island where the community feels that there is space and urgent need for a doctor. If you are interested, please call the office of Mrs. Opal Aldridge, 4720-Vashon Exchange. If you want to go over and see Mrs. Aldridge, ask the lady who operates the store at the end of the ferry dock at Tahlequah for directions.

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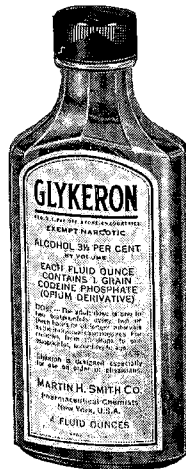
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MEMBERSHIP ROSTER

On the following pages is the Roster of the Pierce County Medical Society. We have attempted to make it as correct as possible, but if any errors are noted we will be happy to print the correction in the next issue of the Bulletin.

The first address and telephone number after the name denote the office number, and the second are the doctor's home address and number. Days away from the office are noted, and applicants to membership are marked with an asterisk.

Please call the office if we have made an error in your name or number.

- ADAMS, SAMUEL E.
General practice—Wednesday
Office, 401 Medical Arts Bldg.....BR 6312
Home, 3627 No. Washington.....SK 1492
- ANDERSON, EDWARD R.
General surgery—Friday afternoon
Office, Northern Pacific Hospital.....MA 6116
Home, 619 North G Street.....MA 6613
- ANDERSON, HORACE A.
Internal medicine—Thursday
Office, 1108 Medical Arts Bldg.....MA 2601
Home, 3114 North 33rd.....PR 6771
- ANDREWS, HARRY H.
General practice—Friday
Office, 1003½ Main Street, Sumner.....Sumner 3-4351
Home: 603 Cherry Ave., Sumner.....Sumner 3-4605
- ARNOLD, CHARLES
General practice—Thursday
Office, 4002 South M.....HI 9591
Home, 1224 No. Tacoma Ave.....BR 5893
- BACKUP, PHILIP H.
Anesthesiology
Office, 1206 South M.....BR 4500
Home, 708 North K.....BR 7345
- BANFIELD, ERNEST E.
Plastic and Reconst. Surgery—Thursday afternoon
Office, 736 Medical Arts Bldg.....FU 2191
Home, 1202 Ventura.....SK 2869
- BASKIN, LESTER S.
General practice and surgery—Thursday
Office, Western Clinic, Perkins Bldg.....MA 1141
Home, 906 North Tacoma Ave.....MA 2333
- BENSON, JOSEPH A.
Dermatology—Thursday
Office, 1007 Medical Arts Bldg.....BR 6771
Home, Lake Killarney.....WA 8625
- BETTERIDGE, BRYCE
General practice—Wednesday
Office, 4002 South M.....HI 9591
Home, 2213 West Grandview.....PR 1350
- BLAND, LELAND J.
Office, 507 South K.....MA 5247
- BLIZARD, ELDON C.
Internal medicine—Wednesday afternoon
Office, 110 4th NW, Puyallup.....Puyallup 5-6645
Home, 518 4th SW, Puyallup.....Puyallup 5-2283
- BOGUE, CHARLES
General practice
Office, Gig Harbor.....Gig Harbor 2660
Home, Rt. 1, Box 405, Gig Harbor
- BOHN, JULIUS C. (Honorary)
General practice
Office, 2602 North Proctor Street.....PR 5511
Home, 3506 North Union Ave.....PR 5256
- BOND, ROBERT G.
General practice—Wednesday and Saturday afternoon
Office, 1206 South 11th.....MA 3534
Home, 521 North Yakima Ave.....MA 2321
- BONDO, PAUL E.
General Practice
Office, 1027 Medical Arts Bldg.....BR 2161
403 Garfield St., Parkland.....GR 8607
Home, 515 So. 119th.....GR 7149
- BONICA, JOHN
Anesthesiology
Office, Tacoma General Hospital.....MA 1181
Home, 44 Summit Road.....PR 7164
- BRADY, J. MORRISON
Medical Director
Office, Pierce County Hospital.....HA 3321
Home, Route 6, Box 356, Tacoma.....YU 9853
- BRIGHTMAN, LAWRENCE
Pediatrics—Thursday afternoon
Office, 427 Medical Arts Bldg.....BR 0354
Home, 4808 North Lexington.....SK 3211
- *BROKAW, GLEN H.
General practice—Thurs. and Alt. Saturdays
Office, No. 26th and Washington.....PR 3586
1001 North Yakima.....MA 2679
- BROOKE, J. ROBERT
General practice—Wednesday and Saturday
Office, 1206 South 11th.....MA 4272
Home, 3814 North 12th St.....PR 7216
- BROWN, BURTON A.
General surgery and diagnosis—Wed. and Sat. afternoon
Office, 843 Medical Arts Bldg.....BR 5281
Home, 3101 North 30th Street.....PR 2621
- BROWN, ROBERT W.
Clinical Director
Office, Western State Hospital.....LA 4411
Fort Steilacoom, Wash.
- *BROWN, RODNEY
General practice
Office, 1206 South 11th.....BR 6500
Home, 4802 North 42nd.....PR 6371
- BROWN, WILLIAM C.
General Practice—Wednesday
Office, 10011 Gravelly Lake Drive.....LA 2193
Home, 51 Oak Park Drive SW.....LA 2403
- BURROWS, WILLIAM
General practice—Tuesday
Office, 700 North Meridian, Puyallup.....Puyallup 5-2374
Home, Roseli Road, Puyallup.....Puyallup 5-8281
- BUTTORFF, DOUGLAS
Gynecology and Obstetrics—Thursday
Office, 1206 South 11th.....BR 0559
Home, 3705 North Washington.....SK 1254
- CAMERON, WALTER C.
Ophthalmology—Wednesday and Saturday
Office, 1103 Medical Arts Bldg.....MA 1262
Home, Route 9, Box 941, Tacoma.....HA 6228
- CARLSEN, EDWIN L. (Honorary)
General practice—Tuesday and Saturday
Office, 5401½ South Tacoma Way.....HA 3331
Home, 5311 South Lawrence.....HA 7330
- CHAMBERS, ROBERT M.
General practice—Thursday
Office, 3515½ South 54th.....HI 3256
Home, 6490 South Alaska.....HA 7568
- *CHESLEDON, WAYNE A.
Radiology—Tuesday
Office, 1206 South 11th.....MA 5959
Home, 1256 South Ainsworth.....BR 9709
- CLARK, THOMAS H.
General practice—Wednesday
Office, 927½ Kincaid Ave., Sumner.....Sumner 3-3131
Home, 1422 Academy St., Sumner.....Sumner 3-4515
- CLAY, HOMER T.
Pediatrics—Saturday afternoon
Office, 828 Medical Arts Bldg.....BR 3803
Home, 818 North G St.....BR 4534
- *CRABILL, ROBERT P.
General practice
Office, Lakewood Medical Center Bldg.....LA 9292
Home, 8305 Lawndale Ave. S.W.....LA 9558
- CROWE, VERNON E.
X-ray and general practice—Saturday
Office, 1126 Medical Arts Bldg.....MA 3038
Home, 424 North G.....MA 5521
- CUMMINGS, DON
General Practice—Wednesday
Office, 3513½ McKinley.....MA 1811
Home, 857 South 34th.....HA 1336
- DAYTON, DARCY M.
Office, Central School Bldg.....FU 1461
Home, 4131 Madrona Way.....PR 1678
- DELANEY, GEORGE A.
General practice—Saturday
Office, 1410 Washington Bldg.....BR 1782
Home, 3222 North 19th St.....PR 3668
- DENZLER, CHARLES H.
General practice—Thursday
Office, 927½ Kincaid, Sumner.....Sumner 3-3131
Home, 1309 Park.....Sumner 3-2381
- DIETRICH, CARLISLE
Dermatology—Tuesday, Friday morning and
Saturday afternoon
Office, 942 Medical Arts Bldg.....BR 3645
Home, Brookdale.....GR 7532
- DILLE, RODGER S.
Internal medicine—Wednesday
Office, 435 Medical Arts Bldg.....BR 0660
Home, 22 Bradley Road.....PR 3179
- DOHERTY, DALE
Dermatology—Wednesday
Office, 1212 So. 11th.....BR 1661
Home, 8503 Briggs Lane Dr. S.W.....LA 4548
- DRAKE, B. ELIZABETH
Diagnosis and Gynecology
Office, 6443 Wildaire Road.....LA 3847
Home, Same.

DRUCKER, GERHART A.		
General practice—Saturday afternoon		
Office, 3902 South Yakima Ave.....	HI 3064	
Home, 523 South 61st St.....	HA 2448	
DRUES, ISADORE A.		
Eye, ear, nose and throat—Saturday afternoon		
Office, 1212 Medical Arts Bldg.....	BR 7447	
Home, 922 North Ainsworth.....	MA 6282	
DUERFELDT, TREACY H.		
Internal medicine, allergy—Wednesday and alternate Saturdays		
Office, 1108 Medical Arts Bldg.....	MA 2601	
Home, 2905 North 28th.....	PR 4224	
DUFFY, JAMES P.		
Office, 913 Kincaid, Sumner..... Sumner 3-3131		
Home, Route 1, Box 49A, Sumner..... Sumner 3-4200		
*DURKIN, LLOYD		
Neurosurgery—Wednesday		
Office, 1206 South 11th.....	BR 1255	
Home, 915 North Park Drive.....	BR 4093	
EGAN, JAMES H.		
General practice—Saturday		
Office, 710 Puget Sound Bank Bldg.....	BR 2040	
Home, 3722 North Washington.....	PR 1133	
EHRlich, ALBERT		
General practice—Wednesday		
Office, 1206 South 11th.....	BR 2625	
Home, 10624 Brook Lane SW.....	LA 3844	
ELLIS, RAYMOND C.		
Office, 722 South K..... BR 4214		
Home, 354 Contra Costa..... SK 2638		
*ERICKSON, JACK I.		
Office, 2324 Pacific..... BR 9341		
Home, 721 South 119th..... GR 5044		
EVERT, ROBERT N.		
Urology—Alternate Saturdays		
Office, 1212 South 11th.....	FU 1131	
Office, 1514 Medical Arts Bldg.....	BR 8553	
Home, 440 Buena Vista.....	SK 1259	
FAIRBOURN, EDWIN J.		
Internal medicine—Saturday		
Office, 1507 Medical Arts Bldg.....	BR 3520	
Home, 617 North C.....	MA 8526	
FARGHER, CECIL R.		
Director of Public Health—Saturday		
Office, 2324 Pacific.....	BR 9341	
Home, 712 North C.....	MA 2371	
FERGUSON, ROBERT M.		
Office, 1118 Medical Arts Bldg..... MA 6424		
Home, 608 South 2nd..... BR 1400		
FLORENCE, ROBERT W.		
Fractures and Traumatic surgery—Wednesday		
Office, 1206 South 11th.....	MA 2516	
Home, 3306 North 22nd.....	PR 9703	
FLYNN, JOHN R.		
Roentgenology—Wednesday		
Office, 1514 Medical Arts Bldg.....	MA 1515	
Office, 1206 South 11th.....	MA 5959	
Home, 610 North Stadium Way.....	BR 1675	
*FUNK, W. A.		
Psychiatry—Wednesday		
Office, 807 Medical Arts Bldg.....	BR 6126	
Home, 1020 South Proctor.....	PR 3157	
GALLOWAY, ZILPHA		
Psychiatry and Internal Medicine		
Office, Western State Hospital.....	LA 4411	
GEISSLER, GERALD G.		
Eye, ear, nose and throat—Friday afternoon		
Office, 1103 Medical Arts Bldg.....	MA 1262	
Home, 1304 North Yakima Ave.....	BR 2840	
GIBSON, ROBERT H.		
General surgery, proctology—Wednesday		
Office, 1206 South 11th.....	MA 1493	
Home, 3612 North 25th Street.....	PR 1363	
GOERING, WILLIAM H.		
Orthopedic surgery—Thursday		
Office, 512 Medical Arts Bldg.....	FU 2523	
Home, 1545 Sunset Drive.....	SK 2205	
GRAY, CLYDE E.		
General practice, gynecology and obstetrics—Tuesday, Wednesday and Saturday		
Office, 1206 South 11th.....	MA 1661	
Home, 3619 North 29th Street.....	PR 2446	
GRENNLEY, PHILIP		
Urology—Thursday and Saturday afternoon		
Office, 1216 Medical Arts Bldg.....	BR 6251	
Home, 710 North I.....	MA 6621	
GULLIKSON, JOHN W.		
General surgery—Wednesday		
Office, Northern Pacific Hospital.....	MA 6116	
Home, Tacoma Country Club.....	LA 2235	
*HALEY, THEODORE		
General Surgery		
Office, 1206 South 11th.....	BR 4500	
Home, 3815 North 38th.....	PR 4401	
HANSEN, JOSEPH L.		
General practice—Saturday		
Office, Tacoma General Hospital.....	MA 1181	
Home, 3420 South M.....	HA 8160	
HANSON, EUGENE W.		
General practice—Wednesday		
Office, 907 Medical Arts Bldg.....	BR 3772	
Home, 3510 North 33rd.....	PR 1152	
HARRINGTON, BERNARD D.		
Roentgenology—Wednesday afternoon and alternate Saturdays		
Office, 1415 Medical Arts Bldg.....	MA 7473	
Home, 2623 North 29th.....	SK 2366	
HARRIS, JOSEPH B.		
Internal Medicine—Thursday		
Office, 1206 South 11th.....	BR 7833	
Home, 10901 Evergreen Terrace.....	LA 2324	
HATHAWAY, STILLMAN J.		
Office, Western State Hospital..... LA 4411		
Fort Steilacoom, Washington		
HAUSER, WILLIAM P.		
Internal medicine and diagnosis		
Office, 1206 South 11th.....	BR 6311	
Home, 4141 Madrona Way.....	PR 8918	
HAVLINA, JOHN M.		
Obstetrics and gynecology—Saturday		
Office, 1206 South 11th.....	BR 2512	
Home, 4017 South 7th.....		
HAZEN, Bernice		
Psychiatry		
Office, Western State Hospital.....	LA 4411	
Fort Steilacoom, Washington		
HEATON, ARCHIBALD B.		
Obstetrics and gynecology		
Office, 611 Jones Bldg.....	MA 8471	
Home, 3715 No. 28th Street.....	PR 1191	
HELLYER, DAVID T.		
Pediatrics		
Office, 722 South K.....	BR 4214	
Home, 7814 John Dower Road.....	LA 7927	
HENNING, FRANK W.		
General practice—Wednesday		
Office, Western Clinic, Perkins Bldg.....	MA 1141	
Home, 212 Eldorado.....	PR 0011	
HERMANN, ARNOLD		
Surgery		
Office, 707 Medical Arts Bldg.....	BR 1419	
Home, 4620 North Verde.....	PR 4632	
HERMANN, SIEGFRIED F.		
Office, 707 Medical Arts Bldg..... BR 1419		
Home, 55 Summit Road..... PR 4466		
HOPKINS, LEWIS A.		
General practice—Saturday		
Office, 1526 Medical Arts Bldg.....	BR 6172	
Home, 3718 North Mason.....	PR 6340	
HOSIE, MAHLON R.		
Obstetrics—Wednesday		
Office, 1212 South 11th.....	BR 2106	
Home, 4139 Madrona Way.....	SK 3205	
*HOSKINS, FRANZ		
General practice—Wednesday		
Office, 5241 South Warner.....	HA 2182	
Home, 2618 North Winifred.....	PR 0924	
HOWE, ARCHIBALD W.		
Eye, ear, nose and throat—Wednesday, Thursday morning and Saturday afternoon		
Office, 935 Medical Arts Bldg.....	MA 3640	
Home, 2902 North 27th.....	PR 2258	
HOYER, LOUIS P., JR.		
General surgery—Thursday afternoon		
Office, 407 Medical Arts Bldg.....	BR 9202	
Home, 4117 North 19th.....	SK 2186	
HOYT, WALLACE P.		
General practice—Thursday afternoon		
Office, Puyallup Clinic.....	Puyallup 5-6645	
Home, 703 4th SW, Puyallup.....	Puyallup 5-6636	
HUFF, RALPH H.		
Internal medicine and Cardiology—Wednesday		
Office, 1206 South 11th.....	MA 4518	
Home, 620 No. E.....	BR 2460	
HUGHES, LOWELL		
Neurology and Psychiatry		
Office 722 South K.....	BR 4464	
Home, 8722 Frances Folsom Rd. S.W.....	LA 2808	
HUMISTON, HOMER W.		
Urology—Alternate Saturdays		
Office, 1514 Medical Arts Bldg.....	BR 8533	
Office, 1212 South 11th.....	FU 1131	
Home, 3411 North 24th.....	PR 4328	
HUNT, LEO J.		
General surgery—Thursday		
Office, Puget Sound Bank Bldg.....	MA 8466	
Home, 701 North J.....	MA 7535	
IRVIN, MICHAEL J.		
General practice—Monday		
Office, 10011 Gravelly Lake Drive SW.....	LA 2193	
Home, 10909 Meadow Road SW.....	LA 4515	

- JAMES, FRANK H.
County Coroner
Office, County Court House.....MA 7121
Home, 2910 Mt. View.....PR 9222
- JARVIS, JOSEPH B.
Radiology
Office, 110 4th NW, Puyallup.....Puyallup 5-6645
Home, 7216 Interlaaken Drive SW.....LA 8049
- JOHNSON, DAVID H.
Obstetrics—Saturday afternoon
Office, 1212 So. 11th.....BR 2106
Home, 63 West Road.....PR 1271
- JOHNSON, EDWARD J.
Office, Tacoma Indian Hospital.....MA 1106
- JOHNSON, MURRAY L.
Surgery—Tuesday and Alternate Saturdays
Office, 1412 Medical Arts Bldg.....BR 6862
Home, 501 North Tacoma Avenue.....MA 5697
- JONES, SCOTT S.
Obstetrics and gynecology—Saturday afternoon
Office, 1212 Medical Arts Bldg.....BR 3723
Home, 4405 North 45th.....PR 2640
- JONEZ, HINTON D.
Medical director M. S. Clinic
Office, St. Joseph's Hospital.....MA 4101
Home, Route 1, Box 519, Spanaway.....GR 7154
- JUDD, HERMAN S.
General practice—Wednesday and Saturday afternoon
Office, 735 Medical Arts Bldg.....BR 0933
Home, 3312 North Union.....SK 1771
- KAHLER, HAROLD F.
General practice and Neuropsychiatry—
Saturday afternoon
Office, 601 South K.....BR 5022
Home, 622 North Cushman.....BR 3515
- KALKUS, J. HUGH
General practice—Monday
Office, Medical & Dental Bldg., Fife.....WA 6451
Home, Buenna.....YU 9720
- KASS, MYRON
Neurology and Psychiatry
Office, 807 Medical Arts Bldg.....BR 6126
Home, 4112 North 36th.....SK 2311
- KEMP, CHARLES E.
Pediatrics—Thursday and Saturday afternoon
Office, 722 South K.....BR 4214
Home, 3812 North 39th.....PR 7337
- KITTREDGE, GEORGE S.
Pediatrics—Wednesday P.M., Saturday P.M.
Office, 1212 So. 11th.....BR 6767
Home, 8317 95th SW.....LA 9302
- KOHL, GERALD C.
Obstetrics, gynecology and surgery—Thursday
Office, 1516 Washington Bldg.....BR 4251
Home, 602 North Tacoma Ave.....BR 1041
- KOHLER, HUGH F.
Office, 5427 Pacific.....HI 1775
Home, 3320 South Thompson.....HA 6811
- KUNZ, GEORGE, JR.
General practice—Saturday
Office, 1209 South 12th.....BR 4747
Home, 21 Orchard Road.....PR 1351
- KYLE, PHILIP C.
Obstetrics—Thursday and Saturday
Office, 1427 Medical Arts Bldg.....MA 1561
Home, 701 North Yakima Ave.....BR 2009
- LANE, ROBERT E.
Internal medicine—Saturday
Office, 1135 Medical Arts Bldg.....FU 2222
Home, 8807 North Thorne Lane SW.....LA 7026
- LANTIERE, S. ROBERT
General practice—Wednesday
Office, 1203 Medical Arts Bldg.....MA 3070
Home, 3724 North 33rd.....PR 1346
- LARKIN, HUGH A.
General practice—Thursday
Office, 1616 Washington Bldg.....BR 1064
Home, 705 North 5th.....MA 7406
- LARSON, CHARLES P.
Pathology
Office, Tacoma General Hospital.....MA 1181
Home, 3219 North 32nd.....SK 2279
- LASBY, JOSEPH O.
General practice—Wednesday
Office, 633 Provident Bldg.....MA 6463
Home, 916 North Tacoma Ave.....MA 4788
- LEE, JACK W.
Office, Western Clinic, Perkins Bldg.....MA 1141
Home, 1502 North 10th.....BR 8126
- LESLIE, ARTHUR C.
General practice—Thursday
Office, 3805 South Yakima Ave.....HA 1279
Home, 864 South 37th.....HA 8864
- LIGHT, SAMUEL E.
Dermatology and Syphilology—Mon. and Sat. a.m.
Office, 1212 So. 11th.....BR 1661
Home, 11150 Gravelly Lake Drive.....LA 8833
- LUDWIG, WILLIAM H.
Eye, ear, nose and throat—Thursday and
Saturday afternoon
Office, 714 Medical Arts Bldg.....BR 1700
Home, 902 South Jackson.....PR 6369
- LUNDVICK, CYRIL
Eye, ear, nose and throat—Wednesday and
Saturday afternoon
Office, 815 Medical Arts Bldg.....BR 3343
Home, Gig Harbor.....Gig Harbor 10X8
- McBRIDE, GLENN G.
General practice—Wednesday and Saturday afternoon
Office, 807 Medical Arts Bldg.....BR 5385
Home, 952 Fairview Drive.....PR 7564
- McCABE, EDWARD F.
General practice—Thursday
Office, 700 North Meridian, Puyallup...Puyallup 5-2374
Home, Sturgis Road.....Puyallup 5-8176
- McCOLL, CHARLES R.
Pathologic Anatomy and Clinical Pathology
Office, St. Joseph's Hospital.....MA 4101
Home, 1906 South 41st.....HA 5413
- McCOY, CHARLES C.
Office, Western Clinic, Perkins Bldg.....MA 1141
Home, Town House.....BR 9480
- McGILL, CHARLES M.
Industrial—Saturday
Office, Tacoma Smelter.....PR 3551
Home, 2101 North Stevens.....PR 0034
- McKAY, DONALD
General practice
Office, North Bridge St., Orting.....Orting 5610
Home, 524 Kansas Avenue.....Orting 1621
- McPHAIL, ROSS E.
Diseases of the chest—Wednesday and
Saturday afternoon
Office, 1317 Medical Arts Bldg.....MA 0717
Home, Route 4, Box 899.....GR 3153
- McNUTT, HARLAN P.
Psychiatry
Office, 1212 South 11th.....BR 3861
Home, 1001 North Yakima.....BR 2752
- McPHEE, WILLIAM
General Practice—Thursday
Office, 5425 Pacific.....HI 7761
Home, 3856 South D.....HI 7804
- MADDISON, FRANK R.
Internal Medicine and Cardiology—Thursday P.M.
and Saturday
Office, 1135 Medical Arts Bldg.....MA 2348
Home, 4151 Madrona Way.....PR 7689
- MAGNUSSEN, NORMAN E.
General Practice—Wednesday P.M. and Saturday
Office, 1403 Medical Arts Bldg.....MA 6092
Home, 7535 Hegra Road.....SK 3200
- MAIER, HASKEL L.
Eye, Ear, Nose and Throat—Wed. and Sat. P.M.
Office, 936 Medical Arts Bldg.....MA 2331
Home, 2707 Henry Road.....BR 5216
- MANDEVILLE, JACK
Ophthalmology
Office, 1206 South 11th.....BR 7616
Home, 1015 North Tacoma Avenue.....BR 9139
- *MARLATT, D. A.
General practice—Friday
Office, 3205 Pacific.....HA 3325
Home, 3205 Pacific.....PR 4242
- MARSHALL, CHARLES E.
Thursday and Saturday P.M.
Office, 1212 South 11th.....MA 8266
Home, 12819 Avenue DuBois.....LA 9062
- MATTSO, JAMES M.
Internal Medicine—Wednesday
Office, 1206 South 11th.....BR 8203
Home, 1410 Division.....BR 7492
- MATTSO, WILLIAM W.
General Diagnosis and Surgery
Office, 441 Medical Arts Bldg.....BR 3708
Home, 4602 North Water.....PR 1877
- *MATTSO, WILLIAM W., JR.
General and Thoracic Surgery
Office, 441 Medical Arts Bldg.....BR 3708
Home, 4602 North Waterview.....SK 4297
- MAY, CHARLES W.
General Practice—Thursday
Office, Northern Pacific Hospital.....MA 6116
Home, 2324 East 72nd.....HI 7788
- MEIER, HERBERT H.
Obstetrics and Gynecology
Office, Western Clinic, Perkins Bldg.....MA 1141
Home, 7 Barlow Road S.W.....LA 7554
- MICKENS, PAUL M.
Office, Holden, Washington
- MONAGHAN, RAYMOND W.
General practice and Surgery—Wed. and Sat. p.m.
Office, 1500 Washington Bldg.....BR 3335
Home, 3835 North Mason.....PR 4394

MOOSEY, GEORGE A.	
Surgery and Urology—Wednesday	
Office, Western Clinic, Perkins Bldg.....	MA 1141
Home, 1418 North 10th	BR 2863
MUIR, EDWIN C.	
Internal Medicine—Thursday P.M.	
Office, 1307 Medical Arts Bldg.....	BR 1386
Home, 7314 North St. S.W.....	LA 3576
MURPHY, ROBERT C., JR.	
Psychiatry and Psychoanalysis—Wed and Sat. p.m.	
817 Medical Arts Bldg.....	BR 4477
Home, 3709 North Washington.....	PR 8612
MURPHY, THOMAS B.	
Surgery—Wednesday and Saturday	
Office, 1118 Medical Arts Bldg.....	BR 4440
Home, 803 Stadium Way	BR 3033
MURRAY, DOUGLAS H.	
Orthopedic Surgery	
Office, 1206 South 11th.....	MA 2421
Home, 3431 South 272nd, Kent	Kent 9147-11
NACE, FAY MORRIS	
Obstetrics and Gynecology—Wednesday and Saturday	
Office, 1206 So. 11th.....	MA 1277
Home, 1228 Fernside Drive	PR 0133
NELSON, EVERETT P.	
Pediatrics—Saturday	
Office, 722 South K.....	BR 4214
Home, 2232 West Boulevard.....	SK 2408
NEVITT, DONALD M.	
General Practice	
Office, Eatonville	Eatonville 112
Home, Eatonville	Eatonville 114
NIETHAMMER, WOODARD A.	
Surgery and Gynecology—Thursday	
Office, 1035 Medical Arts Bldg.....	BR 2108
Home, 3403 North 21st	PR 1787
NORTON, RODERICK A.	
Pediatrics—Wednesday and Saturday P.M.	
Office, 427 Medical Arts Bldg.....	BR 0354
Home, 4216 North Mason	PR 8531
O'LEARY, ARTHUR P.	
General Practice and Obstetrics—Wed. and Saturday	
Office, 729 Medical Arts Bldg.....	MA 7342
Home, 3411 North 29th	PR 9712
OOTKIN, BERNARD N.	
General Practice—Thursday	
Office, Lakewood Center.....	LA 9292
Home, 9148 Edgewater Drive S.W.....	LA 7061
*OSBORNE, ROBERT	
Urology	
Office, 1503 Medical Arts Bldg.....	MA 4686
Home, 4140 North 30th	SK 3312
PAINE, FREDERIC O.	
General practice—Thursday	
Office, 4002 South M	HI 5251
Home, 512 North E	BR 7766
PARROTT, MILES	
General practice—Wednesday and Saturday	
Office, 1207 Medical Arts Bldg.....	BR 5822
Home, 3548 Tahoma Pl.....	SK 4218
PASCOE, CHARLES S.	
Urology—Wednesday and Saturday	
Office, 1515 Washington Bldg.....	MA 3823
Home, 11415 Gravelly Lake Drive.....	LA 9365
PETERSON, DONALD I.	
General Practice—Tuesday P.M. and Saturday	
Office, Buckley	Buckley 3281
Home, Buckley	Buckley 4793
PETERSON, WENDELL G.	
Orthopedic Surgery—Thursday and Saturday	
Office, 1422 Medical Arts Bldg.....	MA 8882
Home, 624 North Yakima	BR 8273
PIERCE COUNTY MEDICAL SOCIETY	
Medical Arts Bldg.....	MA 2020
PLUM, FRANK A.	
Eye, Ear, Nose and Throat, Neurosurgery—	
Office, Western Clinic, Perkins Bldg.....	MA 1141
Home, 4524 North Verde	PR 7401
PRATT, W. HOWARD	
Anesthesiology	
Office and Home, 1364 Heatherwood W.....	PR 4755
QUEVLI, CHRISTEN R.	
Diagnosis and Internal Medicine—Saturday	
Office, 1325 Medical Arts Bldg.....	MA 5233
Home, 2224 North Tacoma	MA 3348
RADEMAKER, William	
General Practice—Thursday	
Office, 1206 South 11th.....	MA 8176
Home, 718 North Adams	PR 3155
READ, JESS W.	
General Surgery—Wednesday and Saturday	
Office, 1125 Rust Bldg.....	MA 1505
Home, 800 North C	BR 3400
READ, WILMOT (honorary)	
Wednesday and Saturday	
Office, 1125 Rust Bldg.....	MA 1505
Home, 816 South L	MA 8563
REYNOLDS, CHRIS C.	
General Practice—Wednesday and Saturday P.M.	
Office, 922 Medical Arts Bldg.....	BR 8439
Home, 3623 North 34th	PR 8434
RICH, RICHARD I.	
Obstetrics—Tuesday	
Office, 10011 Gravelly Lake Drive.....	LA 2193
Home, 6627 Hilltop Lane S.W.....	LA 8706
RIGOS, FRANK J.	
Radiology—Thursday and Saturday P.M.	
Tacoma General Hospital.....	MA 1181
Office, 1515 Medical Arts Bldg.....	MA 1515
Home, 2501 North Union	PR 8206
RITCHIE, CYRIL B.	
General Practice, Allergy and Surgery—Wed. & Sat.	
Office, 1525 Medical Arts Bldg.....	BR 1193
Home, Route 7, Box 598-X.....	GR 7724
ROBERTSON, J. BENJAMIN (Honorary)	
General Practice	
Office, Banker's Trust Bldg.....	BR 2713
Home, 301 North J	MA 6481
ROBSON, JOHN T.	
Neurology and Neurosurgery—Thursday and Saturday	
Office, 1318 Medical Arts Bldg.....	BR 8121
Home, 424 North C	BR 9206
ROSENBLADT, LOUIS M.	
General practice—Alternate Saturdays	
Office, 1027 Medical Arts Bldg.....	BR 2161
Home, 5 Rosemont Way	PR 6231
ROSENBLADT, WILLIAM J.	
General practice—Alternate Saturdays	
Office, 1027 Medical Arts Bldg.....	BR 2161
Home, 3 Rosemont Way	PR 1156
RUNNING, DARRELL H.	
General Practice and Obstetrics—Wednesday	
Office, 5401½ South Tacoma Way	HA 3331
Home, Steilacoom	LA 3092
SAMES, ALBERT A.	
Radiology—Thursday and Saturday	
Office, 1415 Medical Arts Bldg.....	MA 7473
Home, 640 Vista Drive	PR 3133
SANDERSON, STEVEN S.	
Radiology, diagnosis and treatment	
Office, 522 Medical Arts Bldg.....	MA 6764
Home, 824 North D	MA 3277
SCHECKNER, LEO	
General Practice—Anesthesiology—Saturday p.m.	
and Thursday p.m.	
Office, 5241 South Warner	HA 2182
Home, Vista Manor Apts.	MA 2616
SCHYEYER, CARL	
General Practice—Saturday	
Office, Karshner Bldg., Puyallup.....	Puyallup 5-5300
Home, 511 15th Ave. S.E., Puyallup.....	Puyallup 5-2305
SCHULTZ, ALFRED L.	
Obstetrics and Gynecology—Wed. and Sat. P.M.	
Office, 1226 Medical Arts Bldg.....	MA 5253
Home, 2701 North Junett	PR 1576
SCHWIND, FREDERICK J.	
General Practice—Wednesday	
Office, 1212 South 11th.....	MA 8202
Home, 1510 North Proctor	PR 8681
SCHWIND, JUSTIN V.	
General Practice—Thursday	
Office, 1212 South 11th	MA 8202
Home, 2520 North Monroe	PR 4560
SEVER, BUEL L.	
General practice and Surgery—Thursday	
Office, 340 Berkeley Ave.....	SK 2125
Home, 401 Harvard	PR 1614
SHEPPARD, JOHN A.	
Pathology	
Office, Western State Hospital	LA 4411
Home, 812 North State St.....	MA 5674
SHOVLAIN, F. E.	
Superintendent	
Office and Residence, Western State Hospital.....	LA 4411
SKINNER, LAWRENCE E.	
General Practice—Thursday	
Office, 10011 Gravelly Lake Drive S.W.....	LA 2193
Home, 10224 Green Lane S.W.....	LA 3981
SLEEP, SOMER R.	
General Practice—Wednesday	
Office, 701 Medical Arts Bldg.....	BR 1512
Home, 2210 North Tacoma	MA 1509
SMEALL, THOMAS A.	
General Practice—Friday	
Office, 1206 South 11th.....	MA 1360
Home, 3206 North 29th	PR 7569
SMITH, HELEN PRICE	
Tuberculosis	
Office, Mt. View Sanitarium, 215 So. 36	HI 9471
Home, Route 7, Box 232	GR 5744
SMITH, HOLLIS R.	
Tuberculosis—Saturday	
Office, Mt. View Sanitarium, 215 So. 36.....	HI 9471
Home, Route 7, Box 232	GR 5744

SMITH, PAUL B.
 Eye, Ear, Nose and Throat—Saturday
 Office, 927 Medical Arts Bldg.....BR 2356
 Home, 403 North 10thBR 1463

*SMITH, THEODORE J. H.
 Office, Western Clinic, Perkins Bldg.....MA 1141
 Home, 12010 Woodbine Lane S.W.....LA 3458

SMITH, WARREN F.
 Surgery—Thursday and Saturday
 Office, 1412 Medical Arts Bldg.....BR 6862
 Home, 2402 North MadisonSK 2432

*SOBBA, WALTER
 General Practice—Wednesday
 Office 3205 PacificHA 3325
 Home, 739 South TylerPR 9144

STAATZ, DUMONT
 Orthopedic Surgery—Wednesday
 Office, 512 Medical Arts Bldg.....FU 2523
 Home, Rt. 6, Box 154.....YU 9366

STAATZ, KARL S.
 General Surgery—Wednesday and Saturday
 Office, 818 Medical Arts Bldg.MA 4317
 Home, 3408 North 29thPR 1550

STEELE, JOHN F.
 Diseases of Heart and Lungs—Wed. and Sat.
 Office, 1218 Medical Arts Bldg.....MA 4832
 Home, 3408 North 39thPR 6441

STURDEVANT, KENNETH H.
 Surgery and Obstetrics—Thursday and Saturday
 Office, 331 So. Meridian St., Puyallup.....Puyallup 5-8818
 Home, 130 5th Ave. N.W., Puyallup.....Puyallup 5-5116

SULKOSKY, LEO F.
 General Practice—Wednesday
 Office, 331 South Meridian.....Puyallup 5-8818
 Home, 1403 5th S.E., Puyallup.....Puyallup 5-8264

TEATS, GOVNON
 General Practice—Wednesday
 Office, North 26th and Washington.....PR 3586
 Home, 3514 North WashingtonPR 1121

THOMAS, LEON B.
 Obstetrics and Gynecology—Thursday
 Office, 1206 South 11thBR 7575
 Home, 8908 DeKoven Drive S.W.....LA 9493

THOMAS, MAX S.
 Internal Medicine
 Office, 1206 South 11thBR 7573
 Home, 6357 School St. S.W.....LA 7345

THORDARSON, S. STEFAN
 Eye, ear, nose and throat—Thursday and Saturday
 Office, 1041 Medical Arts Bldg.....MA 5847
 Home, 3602 No. 36th St.....PR 5371

TODD, WILLIAM H.
 Neurology and Psychiatry—Saturday P.M.
 Office, 722 South KBR 4464
 Home, 2907 North 26thPR 4892

TRIMBLE, CHARLES G.
 General Practice and Obstetrics—
 Thursday and Saturday P.M.
 Office, 3701 8th Ave.PR 7783
 Home, 820 South UnionPR 8184

*TUELL, STANLEY W.
 Surgery—Thursday P.M.
 Office, 1212 South 11thBR 5425
 Home, 4914 North 10thSK 3843

VADHEIM, JAMES L.
 General Surgery—Wednesday and Saturday
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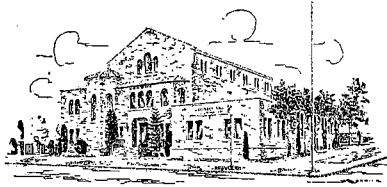
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DOCTOR DRAFT

On June 29 President Eisenhower signed the law extending and amending the Doctor Draft Act. It is identified as Public Law 84, 83rd Congress. In this Special Report we have made every effort to include all essential information on the provisions, new and old, which will be in effect through June 30, 1955, and our statements have been checked with government officials most intimately connected with operations of the doctor draft law. I suggest that you save this report for reference use during the next two years. American Medical Association already has stated that it will oppose any further extension of the doctor draft. While the law sets up a schedule of obligated duty based on prior service, it should be remembered that *there is almost no chance of priority for men being called during the two years, barring a general war or other national emergency.*

Who Must Register Under the Doctor Draft Law?

All physicians, dentists and veterinarians not members of an armed service reserve component and under 50 years of age must be registered with their local draft board. They remain liable for induction up to age 51. Men on graduating from medical school have *10 days to register and ask for deferment for a year to complete internships.* A physician must register under the doctor draft even though he has previously registered for the regular draft.

How Much Service Is Required Under the Law?

Maximum service under the doctor draft is 24 months, which is required of all physicians who have had less than nine months of prior active duty. Graduated periods of service are provided for others as follows: 21 months if prior duty ranges between nine and 12 months, 18 months if prior duty ranges between 12 and 15 months, and 15 months if prior duty totals 15 or more months. The foregoing is applicable to reservists as well as registrants under the act.

In addition, *priority two doctors with 17 or more months' service prior to entry on current duty are classified in priority 4, and no doctor with 21 months' prior service can be called during the life of the present act,* except in time of war or national emergency declared by Congress. The law also requires release within 90 days of all men on active duty who would not have been called had the new law been in effect, but they *must apply for release.*

What Changes are Made in the Priorities?

The new law continues the four priorities, but effects two changes of importance: (A) It lowers from 21 to 17 months the amount of active duty required to move a man from priority 2 to priority 4. (B) It credits *all active duty of any nature* subsequent to September 16, 1940, except as noted in next question (the old law credited only service performed subsequent to receipt of professional degree).

(Priority 1 doctors are those who either received all or part of their professional education at government expense or received educational deferments in World War II, and who served less than 90 days on active duty. Priority

2 are those similarly educated or deferred, but who served between 90 days and 17 months—21 months under the old law. Priority 3 are men with no military service. All others make up priority 4. Priorities 1, 2, and 3 will be called before Priority 4.)

What Is the Definition of Prior Active Duty?

The law defines active duty as time spent either as *enlisted man or officer* since September 16, 1940, on (1) active duty in Army, Navy, Air Force, Marine Corps, Coast Guard, and U. S. Public Health Service, (2) non-military duty prescribed for conscientious objectors, (3) wartime military service with any World War II ally of the United States, and (4) service with the Panama Canal Health Department during World War II.

Not counted as active duty is time spent under military auspices in (1) ASTP, V-12 or similar training programs, (2) intern, residency or other postgraduate training, (3) senior student programs prior to receipt of the appropriate degree, (4) active service performed for sole purpose of undergoing a physical examination, and (5) active duty for training entered into subsequent to enactment of the law.

Who Is Eligible for Deferment?

Local boards, advised by state or local medical advisory committees to Selective Service, may defer doctors for (1) essentiality to the community, (2) extreme personal hardship, (3) certain teaching posts in medical schools and (4) essential laboratory and clinical research.

Does Law Provide for Continuing Equalization Pay?

The \$100-a-month equalization pay is continued for all commissioned physicians and dentists (except interns) while on active duty and is extended to veterinarians.

Is It Possible to Resign Commission?

Physicians obligated only under the doctor draft are *discharged* from their commissions on completion of active duty performed in carrying out doctor draft obligations, retroactive to cover all who have served a year or more since September 9, 1950 (enactment of original doctor draft law). Reservists who would be liable for doctor draft except for their membership in a reserve component *may resign* their commissions upon completion of the period of obligated service. However, permissive resignation is not extended to those who are obligated by law or contract to serve on active military duty or in training in a reserve component.

Are Aliens Eligible for a Commission?

A registrant under doctor draft no longer is held ineligible for appointment as an officer on sole ground he is not a citizen of the U. S. or has not made a declaration of intent to become a citizen.

How Is Duty in U. S. Public Health Service Credited?

Full credit is given for service in the commissioned corps of U. S. Public Health Service. PHS, unlike the military, may not hold a man against his will. Consequently, under the old law it would be possible for a doctor to serve in PHS for a few days, then resign and give up his commission, and move to priority 4. To forestall this, the new law requires that the Surgeon General of

PHS approve termination of a commission if the time served is to be credited under the doctor draft law.

Other Points

Since the doctor draft law is part of the Selective Service Act, men covered by the law are subject to the Selective Service System up to the time they accept commissions. . . . The law, as it affects doctors in service, is administered under regulations laid down by the three armed forces, within the limitations of the law. . . . Selective Service has nothing to do with determining the commission or promotion to which a doctor is entitled; this is the province of the three services, which are required by law to grant commissions "commensurate with professional education, experience or ability." . . . Time spent in PHS internships and residency training programs, like military programs, is not credited as active duty.

F. E. Wilson, M.D.
Washington Bureau
A.M.A.

The young lawyer had just hung out his shingle. Though business was absolutely nil, he told his stenographer to appear very busy in case someone should happen to come in.

Presently a man walked into the office. The girl grabbed the phone and carried on an animated conversation. Replacing the receiver, she asked her visitor: "What can I do for you, sir?"

"If you please," he replied politely, "I've come to connect the telephone."

"But, Mrs. O'Grady, where did you get that black eye?" asked Mrs. O'Brien.

"By coincidence, Molly," she answered. "Pat was let out of jail on his birthday and like a ninny I wished him many happy returns."

A young coed brought charges against an elderly professor and had him sentenced to jail for a long term. As he was led away, a friend approached him.

"I know you're innocent," said the friend. "Why did you plead guilty?"

"Well," admitted the professor, "The complaint was so flattering I just couldn't resist."

Portions From Letter From Dr. Sydney MacLean to Dr. Hopkins

Dear Lewis:

I am well and enjoying loafing and working in the little yard around our 30-foot trailer. We have every convenience for comfortable living including a 9x18 foot cabana or porch with plastic pull-up windows.

The Penney's live on the ocean side of the peninsula only one block from the beach where he can swim daily.

Retired doctors are a dime a dozen, but I am very fortunate helping at the Halifax Hospital Cancer Clinic.

This is a very fine winter resort and contrary to popular belief, we do not suffer from summer heat, as we have a trade wind that blows constantly.

Mrs. MacLean has also retired from housekeeping.

It is always a pleasure to get a letter from Tacoma.

Sincerely,
SYDNEY,
Holiday Trailer Court,
South Daytona, Florida.

A psychiatrist saw another psychiatrist plodding down the street carrying a couch on his head.

"Why the couch?" he called after his colleague.

"House call," replied the burdened one.

Accompanied by a driver, an American major in a motor vehicle was stopped by the sentry on guard at a crossroads.

"Who goes there?"

"One American major, a one-ton truck of fertilizer and one buck private."

They were allowed to proceed, but at every crossroad they went through the same routine.

After a time the driver asked if they would likely be stopped again.

"I guess so," replied the major.

"Well, sir," said the private, "the next time we are stopped would you mind giving me priority over the fertilizer?"





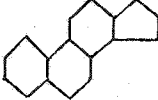
Be sure to read these features in OCT. issues of *Spectrum*, appearing in the first section of the



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The Journal of the
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VOL. 50

FEBRUARY, 1928

[CONTRIBUTION FROM THE RESEARCH LABORATORIES OF PARKE, DAVIS AND Co.]

THE ACTIVE PRINCIPLES OF THE POSTERIOR LOBE OF THE
PITUITARY GLAND. I. THE DEMONSTRATION OF THE
PRESENCE OF TWO ACTIVE PRINCIPLES. II. THE
SEPARATION OF THE TWO PRINCIPLES AND THEIR
CONCENTRATION IN THE FORM OF POTENT SOLID
PREPARATIONS

By OLIVER KAMM, T. B. ALDRICH, I. W. GROTE, L. W. ROWE AND E. P. BUGBSZ

RECEIVED DECEMBER 31, 1927

PUBLISHED FEBRUARY 4, 1928

Introduction

The manifold physiological activities of extracts of the posterior lobe of
the pituitary gland are now well known; namely, their effect in
contractions

1928

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Today, PITOCIN is still the oxytocic of choice, widely used in treatment for primary and for secondary uterine inertia, for postpartum hemorrhage due to uterine atony, for the third stage of labor, for induction of labor, and during cesarean section to facilitate suturing the uterine wall.

PITOCIN (oxytocin injection, Parke-Davis) is supplied in 0.5-cc. (5-unit) ampoules, and in 1-cc. (10-unit) ampoules, in boxes of 6, 25, and 100. Each cc. contains 10 international oxytocic units (U.S.P. units).



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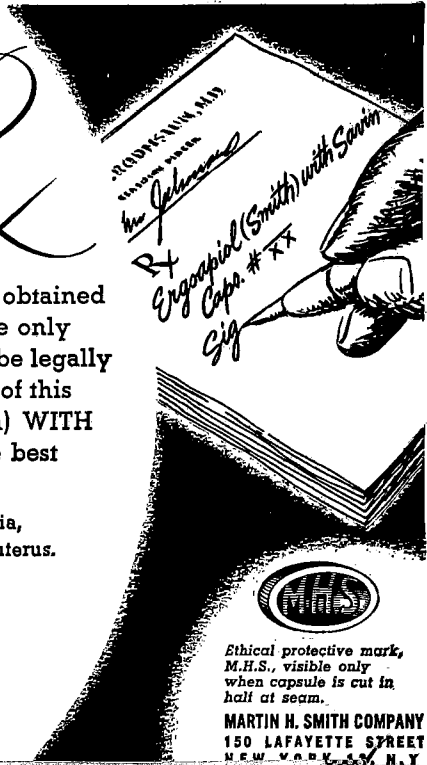
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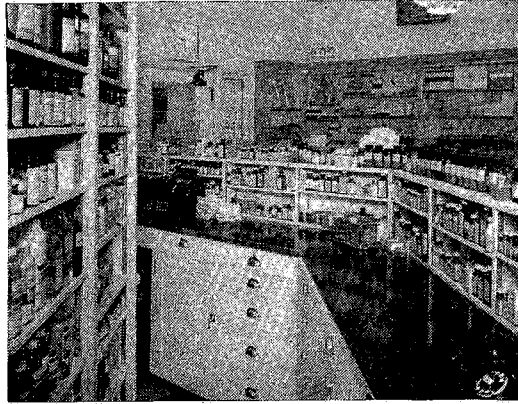
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For listing the sayings of many great teachers on this subject, we are indebted to Mirza Ahmed Sohrab, a Persian teacher.

Christ: "Whatsoever ye would that men should do to you, do ye even so unto them."

Hindu: "The true rule is to do by the things of others as you do by your own."

Buddah: "One should seek for others the happiness one desires for one's self."

Parsee: "Do as you would be done by."

Confucius: "What you would wish done to yourself, do not to others."

Mahomet: "Let none of you treat a brother in a way he himself would dislike to be treated."

—Winnebago County Bulletin.

TWO KINDS

There are two kinds of people on earth today
Just two kinds of people—no more, I say,
Not the good and the bad, for 'tis well understood
The good are half bad and the bad are half good;
Not the rich and the poor, for to count a man's
wealth

You must know the state of his conscience and
health;

No, the two kinds of people on earth that I mean
Are the people who lift and the people who lean.
Wherever you go, you will find the world's masses
Are divided up in just these two classes.

And, oddly enough, you will find, too, I ween,
There is only one lifter to twenty who lean.

—Selected.

"You will very shortly meet a tall, dark man
who will sweep you off your feet," the fortune
teller told the eager blonde. "He will shower you
with gifts and take you to breathtaking night spots,
and you will drink a toast to everlasting love."

"Has he a lot of money?" asked the girl excitedly.

"He is president of a large firm and heir to a
\$900,000 estate."

"Gosh," exclaimed the girl. "Now just tell me
one more thing."

"What is it, dear?" asked the soothsayer, visualizing
many pieces of silver crossing her palm.

"What happens to my husband and the three
kids?"

The two men were discussing their place of
employment. "I'm a gardner at the Lakeview estate,"
one of them said. "Oh," said the other man, "you
work for Mr. Hills?"

"Certainly not!" replied the first haughtily. "Mr.
Hills works for me. He gets up at 7:30 every morning
and goes down to the dirty, stinking city to
make enough money to keep the place and me going."

George: Let's get our wives together tonight and
have a big evening."

Bill: O. K., but where shall we leave them?"

He could neither read nor write, but when a
distant relative died and left him a small fortune,
he started to make a splash. He acquired a check
book, but instead of signing his name on checks, he
put two crosses and the bank paid. Then one day
he handed the cashier a check signed with three
crosses. "What's this?" demanded the cashier. "You
have put three crosses here."

"I know," was the reply, "but my wife's got
social ambitions. She says I must have a middle
name."

According to a story, a woman complained to
her doctor that she was unable to sleep at night.
The doctor's advice was for her to eat something
before going to bed.

Woman: "But, Doctor, two months ago, you told
me never to eat anything before going to bed."

The doctor blinked and then in full professional
dignity replied: "My dear woman, that was two
months ago. Science has made enormous strides
since then."

He stared into a mirror one morning and, noticing
his bloodshot eyes, resolved never to go into
a bar again. Said he, "That television is ruining
my eyes."

Shopper: "May I try on that tweed suit in the
window?"

Sales person: "Certainly, lady, but we'd rather
you used the dressing room."

If he can remember so many jokes
With all the details that mold them,
Why can't he recall, with equal skill,
All the times he's told them.

"If you tell a man that there are 270,678,934,341
stars in the universe, he'll believe you, but if a
sign says, 'Fresh Paint,' that same man has to make
a personal investigation."

When two psychiatrists chanced to meet, one
said, "Hello."

The second turned and was heard mumbling to
himself, "I wonder what he meant by that?"

Sign above a drinking fountain: "Considering
inflation, this water is twice as free as it used to
be."

Excerpt from a magazine article advising house-
wives what to do in case of an air raid: "Turn off
electricity in the house, pull down the window
shades, get under the table and co-operate with
your local Civil Defense Air Raid Warden."

A woman with a daughter who was chronically
late arranged to have her psycho-analysed. She was
on time for the first but progressively later for each
succeeding appointment. When she arrived 45 minutes
late for her fifth appointment, the psychiatrist
warned the young lady, "If you're not on time for
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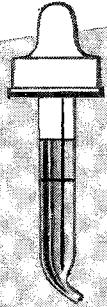
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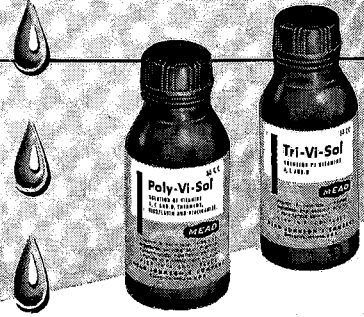
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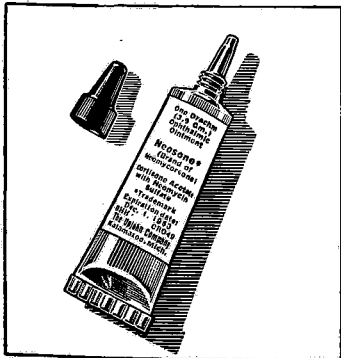
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STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

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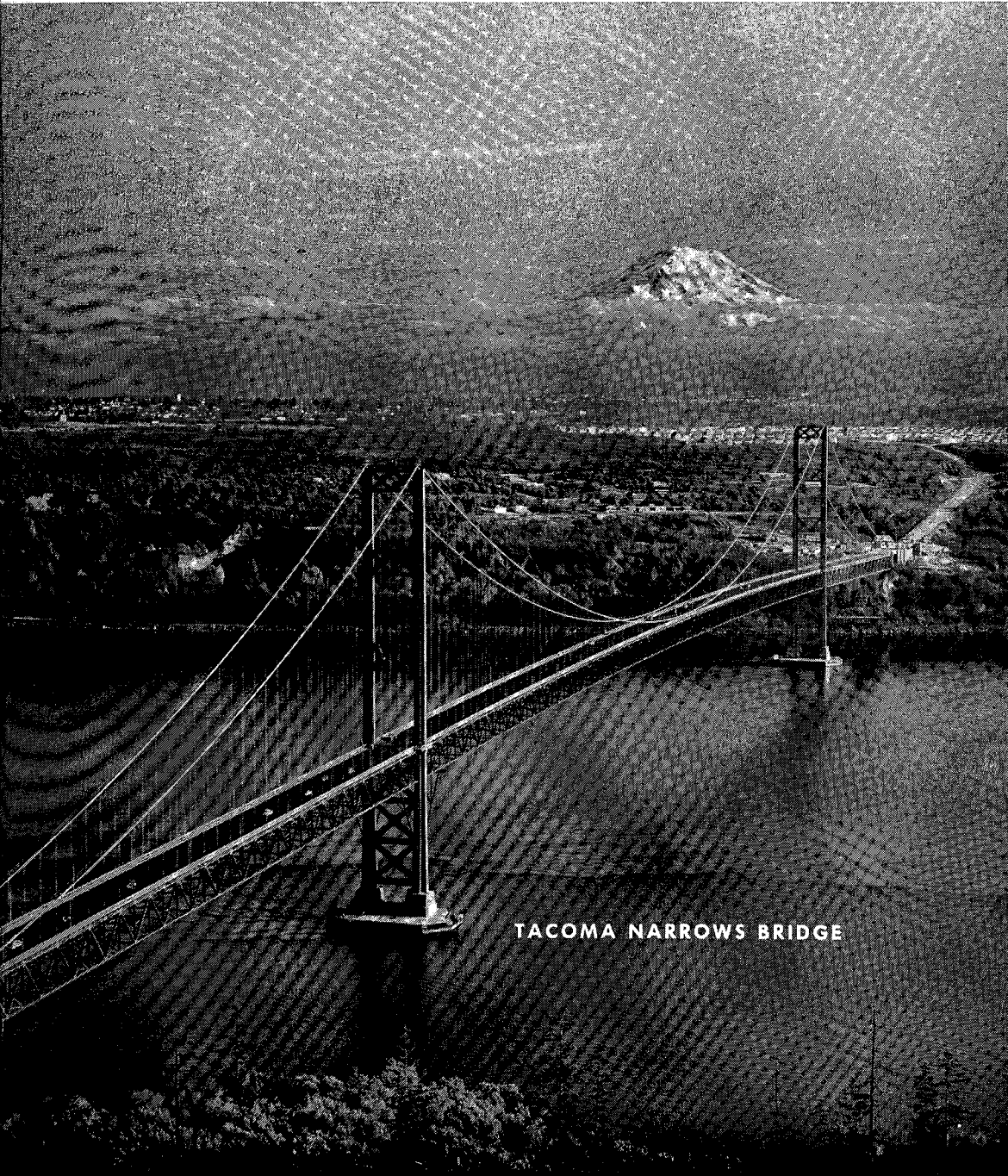
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The **BULLETIN** of the PIERCE COUNTY MEDICAL SOCIETY

VOL. XXIV—No. 3

TACOMA, WASH.

NOVEMBER - 1953



TACOMA NARROWS BRIDGE

Pierce County Medical Society

1953

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Editor	Dr. Herman S. Judd
Associate Editor	Joyce Perry Murphy
Auxiliary News Editor.....	Mrs. Horace A. Anderson

Program

Tuesday, November 10, 1953

Medical Arts Building Auditorium

8:15 P. M.

Current Trends in Cardiovascular
Surgery

W. W. Mattson, Jr.

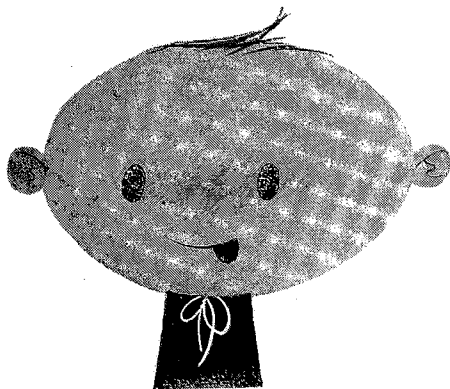
NOTICE

Check back page of Bulletin for calendar
of special meetings

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

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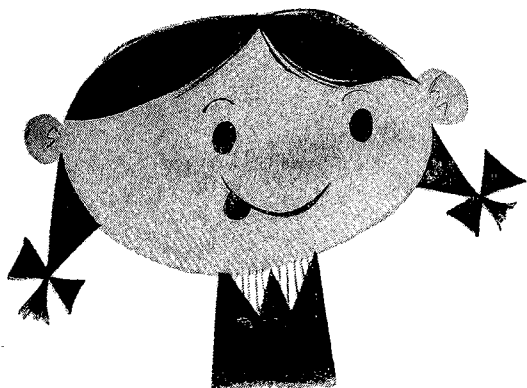
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They're nonalcoholic — a treat for patients of all ages, with their pleasant raspberry taste. And they're often the dosage forms of first choice for infants, children and adults of all ages.

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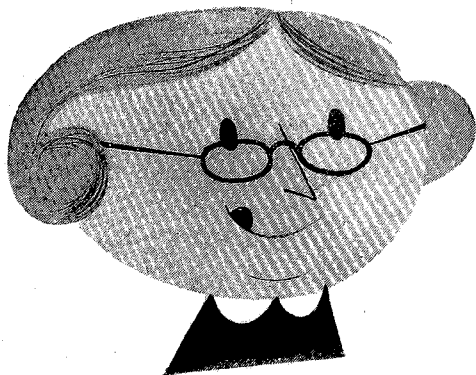
Each cc. contains 100 mg. of pure crystalline Terramycin. Supplied in 10 cc. bottles with special dropper calibrated at 25 mg. and 50 mg. May be administered directly or mixed with nonacidulated foods and liquids. Economical 1.0 gram size often provides the *total dose* required for treatment of infections of average severity in infants.

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Each 5 cc. teaspoonful contains 250 mg. of pure crystalline Terramycin. Effective against gram-positive and gram-negative bacteria, including the important coli-aerogenes group, rickettsiae, certain large viruses and protozoa.

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in 25 and 50-mg. pulvules.

PULVULES

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(Tricyclamol Sulfate and Amobarbital, Lilly)

Formula: 'Elorine Sulfate' 25 mg.
'Amytal' (Amobarbital, Lilly) 8 mg.
Combines 'Elorine Sulfate' with 'Amytal' to provide mild sedation in addition to the spasmolytic effect.

Editorially Speaking . . .

It is often a good thing when doctors assemble together for the discussion of a prevailing problem and at the conclusion of the discussion issue a statement of policy based on their collective beliefs and representing their majority opinion. To do this requires courage and foresight. Such was recently the case when the American Medical Association denounced the policy of free medical care to veterans regardless of service connection as "unwittingly planting the seeds of socialization" and called for the reduction in hospitalization through the Veterans Administration Hospitals which, in 1951, discharged over half a million patients, 84.6 percent of which were treated for conditions unrelated to their military service.

A more recent but no less courageous example is afforded here in Pierce County where the Pierce County Industrial Medical Bureau has issued notice that after November 1, 1953, it will not accept for coverage any individual or group otherwise covered by a plan providing benefits similar to those provided by the bureau.

No one will deny the right of the individual to protect himself by insurance against the costs of illness or injury any more than it is right to deny that individual his personal choice of a physician. There is nothing illegal in the purchasing of two or more such insurance policies to cover medical costs but such an act does raise a moral and economic question. For a man to profit financially by an illness over and above what his costs amount to automatically places a premium on such illness and subtly encourages such illness to occur more often and of possibly longer duration in each case. It is this moral and economic principle which has been the subject of a great deal of discussion among employers, labor groups and those selling insurance and service agreements.

The stand recently taken by the Pierce County Medical Bureau seems therefore to be a timely one and worthy of thoughtful consideration.

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The President's Page . . .

HINTON D. JONEZ, M. D.

A meaningful poem was written by Rudyard Kipling concerning a man named Tomlinson. Upon this man's death his spirit went up to the Pearly Gates where he was questioned by St. Peter as to what he had contributed to the welfare of others sufficient to qualify him for admission.

If the spirit of Dr. Jonez were put to such a test, I believe, he would reply with humbleness and honesty that he had worked to the limit of his physical and mental abilities; that although he had studied and searched for answers to his problems, he acknowledged only a small portion of his goal had been reached. He would say that what he had done with his life and what he had accomplished he must leave to the testimony of his former patients. They are the hundreds who had hopefully accepted the welcome assurance he was want to give, "we can make no promises but believe we can help you because we have helped so many others."

The sum of renewals of hope, of confidence and of physical relief obtained, we cannot measure. We only know that many hearts will long continue to pay him their silent tribute of enduring gratitude.

L. A. H.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

FAMOUS AUTHORS TO ADDRESS MEETING

FAMOUS AUTHORESS TO ADDRESS MEETING

The Tacoma authoress of the official Washington State Centennial book, published this year, "Nothing in Life Is Free," will speak to the auxiliary at the November 20th meeting.

Mrs. Della Gould Emmons is well-known for previous writings which include the book "Saca-jawea," which is to be made into a moving picture. It is expected that she will tell of her personal experiences in beginning her writing career, of her recent trip to Hollywood, in choosing of titles, and contacts with publishers.

Preceding the program and business meeting will be luncheon at 12:30 at the home of Mrs. Herman Judd, 3312 No. Union. Hostesses will be Mrs. Horace Anderson, chairman, Mrs. John Bonica, co-chairman, Mesdames P. E. Bondo, George Delaney, T. H. Duerfeldt, Cecil Fargher, Philip Grenley, Frank Hennings, Mahlon Hosie, Louis Hoyer, L. R. Hughes, George Kunz, Jr., Charles Larson, C. C. McCoy, Robert Murphy, Arthur O'Leary, Louis Rosenblatt, Albert Sames, Leon Thomas, and Merrill Wicks.

RUMMAGE SALE SCHEDULED

One, and only one, money-making project is scheduled for this year: a rummage sale, December 3, 4, 5 at the same location as last year, 1516 Jefferson avenue.

The first such sale a year ago was so successful it provided money enough for nurses' scholarships and for the auxiliary's donation to the Medical Education Fund.

Barbara Teats, chairman of the sale, urges all members to save and to collect from their neighbors any items having resale value. She suggests the following: clothes, appliances, books, dishes, jewelry, kitchen utensils, furniture, curtains, slip covers, wallpaper, paint, gadgets, plastics, linoleum, and lamps. Dr. Ootkin has offered use of his office building basement in Lakewood for storage; other collection centers will be announced later by the

Officers for 1953-1954

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 Today's Health.....Mrs. L. E. Skinner
 Public Relations.....Mrs. J. Robert Brooke
 Co-Chairman, Mrs. William C. Brown
 National Bulletin.....Mrs. George S. Kittredge
 Civil Defense.....Mrs. G. A. Moosey
 Speakers' Bureau.....Mrs. John F. Steele
 Rummage Sale.....Mrs. Govnor Teats
 Co-Chairman, Mrs. Murray L. Johnson
 Nurse Recruitment.....Mrs. Thomas B. Murphy
 Co-Chairman, Mrs. John Bonica

committee. So save your rummage and call PR 1121 for further information.

MANY ATTEND MEMBERSHIP TEA

About 80 doctors' wives enjoyed the membership tea at the David Johnson home in October. Hilda Lantiere, the new president, presided and introduced some of her board members who sketched the year's plans.

Mrs. Van Law's presentation, "Making the Best of What You Have," brought forth pertinent questions and a lively discussion and demonstrations by the speaker.

Tea hastesses were Mrs. Edward Anderson, chairman, Mrs. Robert Ferguson, co-chairman, Mesdames Charles Arnold, Ernest Banfield, Burton Brown, Darcy Dayton, I. Drues, Albert Ehrlich, Lewis Hopkins, A. W. Howe, Ralph Huff and Frank Plum.

(Continued on Page 11)

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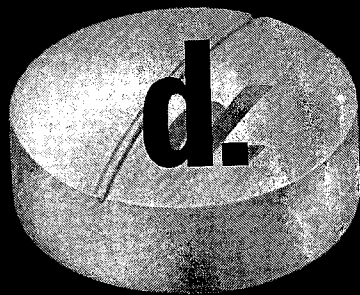
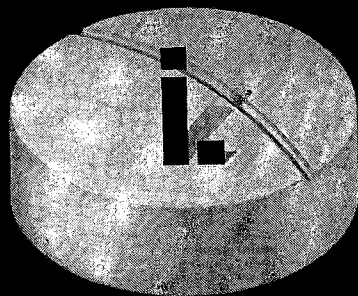
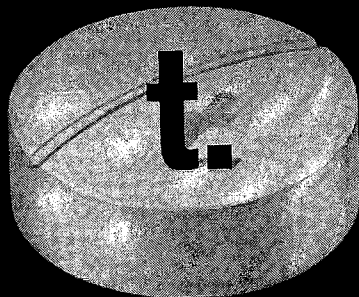
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(Continued from Page 9)

Three wives of internes at St. Joseph's hospital were guests for the first time—Mrs. A. W. Johanson (Joan), Mrs. Roy Frederickson (Jerrrie), Mrs. Dell Kohler (Kathy). Other guests were Mrs. Tom Skinner (Kathleen), whose husband is at Northern Pacific Hospital, and Mrs. D. G. Kohler, American Lake Hospital.

Yearbooks were given out as annual dues were paid. The membership fee this year includes one year's subscription to "Today's Health." Appreciation was expressed to the membership committee who prepared the attractive and complete yearbooks in time for the first meeting. They ask that any corrections or additions be reported to them.

TELEPHONE COMMITTEE TO BE BUSY

Pat Flynn is chairman of a large committee who will call the 205 women on the auxiliary list before each meeting. Telephoning such large numbers each month consumes many hours. Some numbers of this committee are not able themselves to attend meetings, several have small children and one, Janet Marlatt, teaches at Stadium. The committee who are giving their time to telephoning are: Mesdames Robert G. Bond, co-charman, W. J. Rosenblatt, B. A. Bader, Chas. G. Trimble, R. T. Vimont, Robert N. Evert, W. P. Hoyt, M. R. Hosie, Jack W. Lee, H. H. Meier, W. L. Sobba, R. M. Chambers, D. A. Marlatt, Wm. P. Hauser, J. B. Harris, J. L. Hansen, D. F. Cummings. Mrs. L. S. Diamond will contact those at American Lake Hospital.

VOLUNTEERS CONTINUE WITH BLOOD BANK

The Blood Bank chairman, Midge Geissler, has announced a slight change in our volunteer service at the Blood Bank on Mondays. We will still have helpers, one for Monday morning, and one for afternoon; however, if the Blood Bank Center is not busy, the volunteer may remain at home, "standing by" for emergency or rush calls.

This new arrangement will be explained at the next meeting.

* * *

Wives participated in activities of the American Society of Anesthesiologists' convention in Seattle.

Both Beth Pratt and Emma Bonica entertained guests in their homes and assisted in entertaining the 400 wives attending the convention. They and Edna Backup and Dr. Mandelstam's mother chauffeured out-of-town guests on tours of Seattle gardens and surrounding areas to give them a glimpse of our scenic Northwest.

* * *

Marjorie recently accompanied Dr. Nace to Chicago for—naturally—a medical session.

* * *

While Dr. Skinner is taking a five-day refresher course sponsored by the American College of Physicians, Clara will visit in Cleveland and Chicago.

* * *

Dr. George and Beatrice Wilde are parents of a boy born September 23rd.

* * *

Friends are sorry to hear of Mamie Reynold's illness. She has been in the hospital with a heart condition, and although she is doing quite well, the doctor says her activities must be restricted in the future.

ROSTER CORRECTIONS

The following corrections have been received since the October Roster issue:

- BACKUP, PHILIP H.
Anesthesiology
Office, 1206 South 11th BR 4500
Home, 708 North K BR 7345
- BONICA, JOHN
Anesthesiology
Office, 1206 South 11th BR 4500
Home, 44 Summit Road PR 7164
- DEMING, J. EDMUND
Obstetrics and Gynecology
Office, 1212 Medical Arts Bldg..... BR 3723
Home, 4001 East F HI 2859
- GRIFFIN, HILLIS F.
General Practice—Saturday
Office, 605 Pine BR 4455
Home, 3102 North 13th PR 8343
- JONES, SCOTT S.
- *LUEKEN, H. D.
Office, 1212 South 11th BR 4701
Home, 1222 South Jackson SK 4709

RESIDENTS

Dr. Richard B. Link has recently completed his residency in Obstetrics and Gynecology in New York. He anticipates returning to Tacoma in the near future.

Dr. Cecil Hurst is a resident in Orthopedics at the University of Washington.

RETIRED MEMBERS

PENNEY, WARREN B.
1221 Ruger Place, Daytona Beach, Florida.

Karen Rynning

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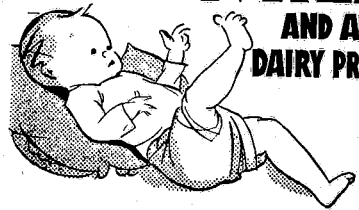
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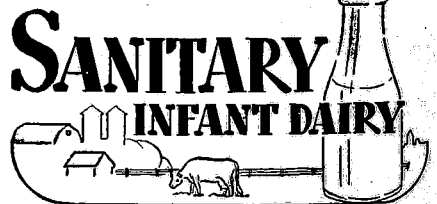


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MADIGAN ARMY

Word was received yesterday announcing the promotion to Brig. General of Colonel Emery E. Alling, Commander of Madigan Army Hospital. In a brief ceremony in the General's office, Mrs. Alling pinned the new star on his collar.

General Alling assumed command of Madigan Army Hospital on the 21st of January, 1952.

After entering the Army in 1917 and serving as an Infantry officer during World War I, he attended the University of Oklahoma Medical School, from where he graduated in 1925. He then joined the Regular Army Medical Corps and has been on active duty since.

The General served at Fort Lewis from 1935 to 1938, during which time he was Chief of the Surgical Service and also Division Surgeon of the 3rd Infantry Division.

His service includes assignments as Surgeon in Panama and Shenango, Penn., Commanding Officer of the 48th General Hospital in England and later in France, Commanding Officer of the 814th Hospital center, Paris, with a 26,000 bed capacity, and Chief of the Surgical Service at Percy Jones Army Hospital, Battle Creek, Michigan. He served four years as a Surgeon in the Surgical Service at Walter Reed Army Hospital in Washington, D.C., from 1931 to 1935. During 1939 and 1940 he was assistant Chief of Surgical Service at Letterman Army Hospital in San Francisco, California.

He was returned to Europe in 1948, serving as Surgical Consultant to the Command Surgeon and later as Commanding Officer of the 98th General Hospital in Munich, Germany.

General Alling has been decorated with the Legion of Merit, the French Legion d'Honore, and the Bronze Star.

VETERANS ADMINISTRATION

Dr. T. J. Hardgrove, manager, attended the Fifth Mental Hospital Institute at Little Rock, Arkansas, October 19th through the 22nd. The Institute is sponsored by the American Psychiatric Association.

Mrs. Alice Castor, chief dietitian, is attending a workshop on Dietetic Service, being held at the Veterans Administration Hospital, Denver, Colo.

* * *

Two Occupational Therapy students, graduates of the College of Puget Sound arrived at the hospital October 1st to begin their three month neuropsychiatric affiliation. Mrs. Charlene Hall of Bremerton, previously received training at the Agnew State Hospital in California and the Billings Cerebral Palsy School in Montana. Miss Yvonne Kauffman of Toledo, Oregon, completed her pediatrics affiliation at Children's Hospital of the East Bay in Oakland, California, prior to coming to this hospital. In addition to these two students assigned for clinical training, ten undergraduate Occupational Therapy students from the College of Puget Sound are gaining a pre-clinical training

orientation through the "Orientation to Occupational Therapy" course at the college. These students spend one-half day per week in various O.T. clinics observing and taking part in the treatment program.

* * *

Mr. Dwyer C. McLean, Supply Officer, and Mrs. McLean recently returned from a vacation trip to the New England states.

* * *

Dr. James C. Stauffacher, chief Psychologist, is elk hunting in Idaho. We are all hoping he brings back a big one.

* * *

Miss Benedicta A. Leland, Assistant Registrar, is vacationing in Mexico City.

Mrs. Olga Trail, of Social Service, has announced her marriage on October 2nd to Mr. Oliver T. Edwards, biologist with the State Game Department.

* * *

The staff is glad to have Susan Tidmarsh, head nurse in the building for women patients, back on duty after a month and a half off for surgery at Tacoma General. Miriam Cassady is at the University of Oregon this quarter getting her field work in public health. Mrs. Helen Fletcher has resigned to await the arrival of her first child.

Thirty-five student nurses began their psychiatric affiliation at American Lake on September 28th. They elected Eugenia Peabody from the Seattle University School of Nursing as their president for the quarter and Donna Denny from Sacred Heart as secretary.

* * *

Everyone is busy ransacking their homes and those of their friends for items for the rummage sale which the Pierce County nurses are putting on, November 5th, 6th and 7th.

ST. JOSEPH

The date for the Winter Wonderland Carnival at St. Joseph Hospital is Saturday, December 5th. Plan to attend for a lot of fun and win some of the valuable prizes.

* * *

A 6-pound, 1-ounce baby girl was born at St. Joseph Hospital to Dr. and Mrs. G. A. Drucker on October 13th. On the same day a baby girl weighing 7-pounds, 5-ounces was born to Dr. and Mrs. Jerry Dragovich.

* * *

Dr. C. McColl attended a meeting of the Pacific Northwest Pathological Society on the 2nd and 3rd of October at Eugene, Oregon.

* * *

Mr. Jack McDonald who has been chief technician in the X-ray department for the past three years is leaving on the 1st of November, for California to further his training.

* * *

(Continued on Page 15)

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and associated pain and
spasm of smooth muscle*



a threefold action is provided by

Trasentine[®]-Phenobarbital

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Prescribe Trasentine-Phenobarbital for nervous tension and gastrointestinal disorders in which psychosomatic factors are dominant. Each tablet contains 50 mg. Trasentine hydrochloride and 20 mg. phenobarbital. Bottles of 100 and 500.

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(Continued from Page 13)

Miss Barbara Santino of the Record Department attended a Medical Record Librarians Convention held in San Francisco from the 5th to the 9th of October, and has returned with a lot of good ideas.

* * *

Dr. Sobba and Protz took time off for a fishing trip to Hood Canal recently. Although Dr. Sobba claimed fishing was terrible they returned with eight salmon. Dr. Flynn and Dr. Cummings went to the same place but did not have the same luck, returning with only one.

* * *

A bake sale was held in the library October 12th by the Student Nurses. The proceeds will go toward the Student Activity Fund.

* * *

Apparently duck hunting is much better than fishing this season. If you don't believe it ask Dr. Vimont.

* * *

The Washington State Student Nurses Council held their Convention in Tacoma on the 16th and 17th of October. St. Joseph Hospital and Tacoma General were the hostess schools. All capped student nurses in our state belong to this organization. A total of 44 delegates attended the meetings and enjoyed luncheons, banquets and other entertainment.

* * *

Our X-Ray Department looks all shiny and new since it has been completely streamlined for modern convenience.

* * *

The wives of our internes were entertained as guests of honor by the Womens' Medical Auxiliary at the home of Mrs. David H. Johnson on Friday, October 16th.

* * *

Don't forget the Good Neighbor Fund.

PIERCE COUNTY SPASTIC SOCIETY

On November 17th from 7:30 in the evening there will be open house at the Tacoma-Pierce County School for Crippled Children. Therapists will demonstrate their work with the active assistance of a few of our handicapped children. Here is an opportunity to become more familiar with this special school and see work being done in speech, physical and occupational therapies. The modified classroom work done by these orthopedically handicapped, deaf and blind children should be of intense interest also. The Pierce County Spastic Society, Cerebral Palsy Association of Pierce County and School for Crippled Children PTA cooperatively extend you a most cordial welcome. The school is now located in the old Salishan school at 50th and E. Sumner. There will be luminous signs along the route to guide you inside the housing project.

Pierce County Spastic Society is interested in locating all severely handicapped persons age 16 and over with the eventual aim of providing occupation

and therapy program, where possible, and some form of housing. We would appreciate your cooperation in augmenting our file. Please send names, addresses, type of disability, age, and recommendations to Mrs. E. E. Bashaw, 1907 North Prospect, or phone SKyline 2723.

TACOMA GENERAL

New furniture was recently placed in the Doctor's Lounge on the first floor. Since this poem appeared on the bulletin board. With the author's permission we reprint it here:

THE OLD OAK TABLE

The old oak table's gone,
The leather chairs beyond repair,
The laughter, bull, and repartee,
The lumpy, dumpy old settee.

Recall those old boys of the past
Hunter, Willard, Quevli, Rich.
Many others you can say
Giants all of their day.

Whitacre, Argue, Janes, and Hicks,
Doctors first, great men, human,
Pioneering, rugged, able,
With their feet upon the table.

Profound, ruffian, boisterous, holy,
It was better than a show
Listening to their varied chatter
Who won the round, of no matter.

If the argument was heavy
Or the story worth the telling,
You could hear their voices roar
Half way to the second floor.
(Cummings then would shut the door.)

Unfamiliar with the feel
Of this plastic, chrome and steel,
Their poor ghosts have left this room
To gather in some other gloom.

Nor we who knew them best
Can sit here now and rest.
Nor will we find this home
When our lonely spirits roam.

An era's gone, a generation.
Horace, Harry, Charlie, Chris,
Their laughter, bull, and repartee,
The lumpy, dumpy, old settee.

—Jerry Kohl.

Will the borrower or borrowers of 1952 bound copies of the *Journal of the American Medical Association* please return said copies or phone the Library and let Mrs. Murphy know who you are.

"I can't marry him, Mother. He's an atheist and doesn't believe there is a hell."

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Recently, the Bulletin wrote to PCMS retired members requesting that they submit memoirs or autobiographies relating to their practices in Tacoma. It is with great pride that we present the first in our series of articles by Dr. Joseph Kane.

A BACKWARD LOOK

By Joseph P. Kane, M.D., Retired

Figuring that our Society's eight retired members constituted a reservoir of over five hundred years of worldly and medical wisdom, I suggested that it was time each one pull the bung and syphon off his portion of the high proof blend so that we might savor it before he passes up or down,—or merely on. First thing, our Editor put the finger on me. Well, it serves me right.

Retired generals and statesmen pridefully peck out their memoirs of successful achievement, but I, as you will see, have had no victories, nor have I brought honors to the profession that has been so merciful to me. Medicine, like a kind and patient mother, took me in, almost as A.A. takes in those whose lives have become unmanageable. She fed and clothed me, and gave me the durable satisfactions of life. And now, to grope my way along the tortuous and weed grown footpath of my eighty years I need the sure instinct and selective sense of a Seeing Eye dog.

To begin with, the ingredients that went into me, all of them Irish, were choice. Yet, as sometimes happens in baking a cake it just won't rise,—well, neither did I. Is it the shortening or the soda? Is it the heritage or the environment? Nobody knows. My Mother and Aunt Belle, God rest their souls, had thought they could make a little gentleman of me,—Oh, brother! My deportment was correct, my Fauntleroy suits likewise. I spoke pieces with gestures for company, played the old square grand and sang comic songs. These efforts to keep me from being an ordinary kid extended to my playmates and the selection of schools. First was a school where among thirty or forty girls I was the only boy. After this experiment was dropped, I went to a private Dame's school among classmates like the Count deBury's children. From there I passed under masters, one of whom, Mr. McClosky, was so free with a hardwood ruler that boys were knocked under the benches. I got a few licks myself, gentlemanly as I was. In all these changes I had moved in and out of five schools before I reached fifth grade.

Now in 1877 something happened in the old Loyalist city beside the rise and fall of the Fundy tides. The "Great Fire" in Saint John, N.B., on June 20, "burned two-fifths of the entire city to ashes in nine hours." My Father's business, store and warehouse, were totally destroyed. Insurance companies defaulted. He struggled along for a few years, failed, and departed for far away St. Paul, the end of civilization. After a year or so he sent for us, and on one heart-breaking September night in 1884, my Mother and we five children left Saint John and all those dear to us. It was the end of an era.

That dark night in '84, I parted from the first of

my three great friends, my Grandmother McMullin. She had rare and extremely winning gifts of heart and mind. Over us children she threw her magical invisible cloak of love and kindness. Although she had only three months of schooling in Ireland, she read and wrote beautifully. She was a natural born story teller, and to gather round her and listen to the fairy tales she spun so delightfully gave us the greatest happiness. I can see her now on a Sunday afternoon in her pretty cap sitting in a corner of the parlor reading one of her two favorites, Tom Moore or Bobby Burns. She went about the house singing old Irish melodies. Out of the long ago, but still remembered, I hear "The Valley Lies Smiling Before Me." From this sweet friend of the merry heart who was never old, I caught the beauty and charm of poetry.

In the U.S.A. everything was new and strange. Even our name which was O'Kane in Ireland, Cain in Canada, was now Kane. I don't think all of these changes were to lessen the chance of deportation or extradition. Who knows? My first school in the New Country was a one room school for boys with Mr. Hilary, an old fashioned, white bearded schoolmaster teaching everything. (God help us!) The policy of this roomful of brawny lads was laid down by big, tobacco chewing bullies, as tough as they come. I had a miserable year, quit, and got a job delivering W.U. telegrams at \$13.00 a month. We were desperately poor and it looked as if my education was finished. During that hard, cruel winter of 1888, one of my sisters, 12, and my only brother 8, died of diphtheria. But my Father and Mother never gave up, and at the age of 14, I entered the 5th grade of the old Winthrop school, and really began to learn. I graduated from high school in 1892 at the age of 19.

The next fall I started in the University of Minnesota, but in less than a year I had to stop. The terrible depression of 1893 hit us hard and we skidded near the edge. I studied shorthand and typing and in time got a job at \$35.00 a month in the grain business. A little later I shifted into a wholesale rubber house as bookkeeper at \$10.00 a week. Jobs were scarce and hard to find and I stayed there about five years, my only raise being to \$12.00. I didn't like the work but there was no way out. I was trapped.

Leaving old Gradgrind's counting house, I'll take you back to 5th grade and my Second Great Friend, whose generosity of heart, unaltering loyalty, and faith in me, for all my foibles, has had such a momentous bearing on my temperament, and the direction of my life. Frederick A. Erb and I were born in the same year, 1873, and met in the old Winthrop school when we were 14 years of age. Our homes were a block apart. Walking back and forth to school our friendship grew till we were chums in the English school-story way,—always together. He kept rabbits, pigeons and chickens, and I become his partner. We studied and read together. About this time an ugly acne that defied Cuticura, Ayer's Sarsaparilla, and other "blood purifiers" made me so sensitive I shunned girls and would have missed all the fun in high school

(Continued on Page 19)

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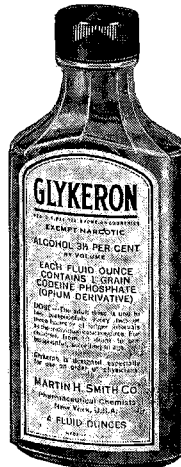
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(Continued from Page 17)

if Fred, handsome and popular, had not rallied me out of my morbidness and taken me along.

School days came to an end but our comradeship never ended. He went on to the University of Minnesota, I to one job after another. We saw each other often and his forthright nature sustained me through moody periods of uncertainty and discouragement. In 1898 Fred entered the Medical School of the University. Evening after evening our discussions slowly dispersed my fatuous aspirations and determined my belated choice of medicine. Fred never left Minneapolis where he built up a large practice and was honored and loved by his colleagues. By letters and visits our friendship lived on till his death some twenty years ago. His forbearance, his blindness to my faults, and his gentle steadiness in guiding me without force, belittlement, or impatience into medicine are memories I shall always cherish. I thank God for this Great Friend.

Throughout my family ran a vein of diligentism. My Mother's lovely voice as she sang some old ballad, playing her own accompaniment, is sweet to remember. My Father had a natural fondness for pictures and books, and instilled in me a love of the great Victorians. After supper he read aloud to my Mother. I can recall his reading "The Pirate" by Scott, and ever since it has been a favorite of mine. I was given piano lessons in our poorest days. I also copied pictures which was taken to presage a latent artistic gift. Unfortunately, through kindly flattery and encouragement of these childish attempts I believed, myself, that I was "good", and needed only instruction and practice to be great. When I grew older and had a job this cruel delusion took every dollar I could save for lessons and all my leisure for practicing. During several winters I spent my evenings at the Minneapolis School of Fine Arts, going as far as the Life class. I had hopes of being an illustrator. No one told me I had no talent till suddenly I knew it myself.

I turned again to the piano determined to become a recognized teacher. While I grubbed from 8 to 6 on the ledgers, I put in two or three hours at night practicing. My poor, patient, uncomplaining

parents! Thank God I never had a son who strove so hard to find his way along so blind a road. At last I could endure no longer the dull drudgery of the office. I quit my job, opened a piano studio and took pupils. My music master encouraged me. Oh, how could he? My friend Fred and I had many serious discussions. He tried to get me to come with him to the medical school. No, the will o' the wisp still lured me on. Three years afterwards on one November day in '01, a decision, sudden and sharp as a crack of lightning, demolished my Castle in Spain. I closed the studio door forever and turned to medicine, certain that it offered a satisfying way of life.

I discovered I could not enter Minnesota that year. Classes had been going on for over a month. There was a two-story building down on 5th Street, the P. & S. College of Medicine and Surgery, owned and staffed by local practicing physicians. The Dean, after some talk, admitted me. (Abraham Flexner and the A.M.A. passed the black spot to this medical college and it closed two years later.)

I worked hard and caught up with the class. The following year, after a summer with an oil company in Texas, I got into the U. of Minnesota. By living at home, teaching piano from house to house on Saturdays and after school, I got along. But in the spring of '03 typhoid fever came near to calling the game. I was six weeks in bed at home, and under the orthodox "starvation treatment," I was gaunt and weak long after. All my hair fell out, but when it returned it stayed, heavy, black and curly to this day. Typhoid fever may be the long sought preventive of baldness. School was closed and summer coming on by the time I was able to call on Dean Westbrook. I had missed the semester. Dr. Westbrook was kind and sympathetic. My only chance to keep up with my class was to attend the University of Chicago summer quarter. I did. Among my teachers were Dr. Ricketts in general pathology, who afterwards died of spotted fever in Mexico, and Dean Lewis, a hard-boiled instructor in anatomy, who became professor of surgery at Johns Hopkins. That fall I rejoined my class and from there on I batted it

(Continued on Page 21)

Be sure to read these features in *Spectrum*, in the first section of NOVEMBER issue of the

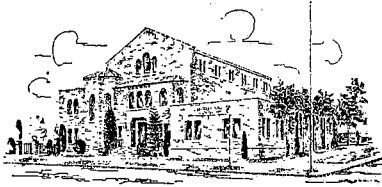
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(Continued from Page 19)

out till I got my degree in 1905, to the surprise of my long suffering family. The gold watch my Mother and Father gave me that day is still true to time and me, the only watch I have had through all these years.

And now I come to my third and last Great Friend. One evening in 1897 while wandering about in our parish church bazaar, I saw a strikingly beautiful little girl with her father and mother. Her laughing dark eyes and lovely face struck me with admiration. We passed by and I forgot her for she was only 12 years old and I was 24. Four or five years went by. My hopeless ambition to win success in art or music was at rest. Medicine had opened her doors and given me sanctuary. I was going to the University and my way to school was along 18th Street, and on that street was the home of the lovely little girl I had seen at the church bazaar. She was now a young woman of 16 or 17, distinguished by her mature beauty and bearing. She had finished high school at 15, and gone directly to the University. False starts and lost years had penalized me and put me back on the starting line. Time, the fourth dimension, was shuffling the cards unbeknownst to us. In the early mornings of the golden autumn, through winter and spring she was waiting as I swung along, and we put off light-footedly together across the Mississippi, as unconscious of our nearness to each other as those other two casuals of the same old river, Huck Finn and Tom. Then came "that day in June," 1905,—an A.B. at 19; an M.D. at 32. Our college days were over. I went off to my internship; she to teach in the Minneapolis schools. Another era came to an end.

Four of my class mates and I were internes in a St. Paul hospital. We learned little. We got handy at giving ether by the drop, passing instruments, and going out with the ambulance at night for D.T.'s. The patients were strictly private and their doctors jealously kept them so. Only the nurses made life interesting. After riding out this wasteful year I lit out for the Missabe Range to get a grubstake. Dr. Rood in Hibbing had the miners' medical contracts. I was put ten miles out "on location," got \$100 a month, paying my own board and expenses. When Spring came after

that desolate winter I got home for a few days. Easter Sunday morning was glorious with sunshine and as I came out of church there was my sweet companion on the walks to school, arrayed as lovely as the Day, waiting at the door. The pent up gladness of nearly two years was in our meeting. I saw her home. Our hour had come.

(To Be Continued)

REPORT OF CONTAGIOUS DISEASES

Chickenpox	18
Conjunctivitis	1
Dysentery	10
German Measles	6
Gonorrhoea	14
Hepatitis	16
Impetigo	21
Malaria	4
Measles	25
Meningitis	2
Mumps	22
Pneumonia	7
Poliomyelitis	4
Ringworm	17
Scabies	11
Scarlet Fever	2
Syphilis	3
Tuberculosis	17
Vincent's Disease	2
Whooping Cough	1

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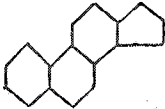
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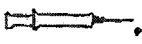
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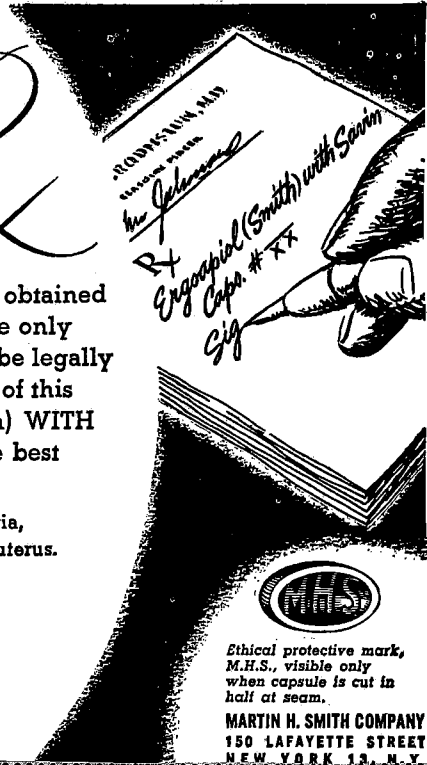
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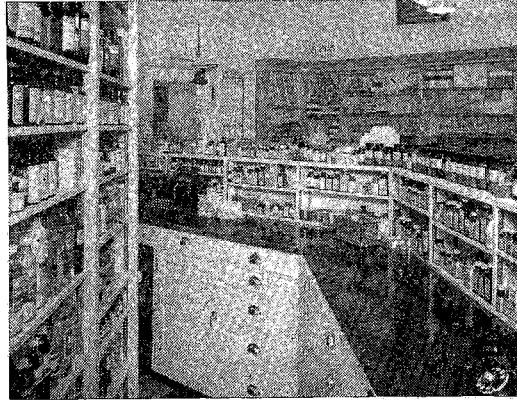
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Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club

The BULLETIN *of the*
Pierce County Medical Society

VOL. XXIV—No. 4

TACOMA, WASH.

DECEMBER - 1953



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Christmas
To All

Pierce County Medical Society

Pierce County Medical Society

1953

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Program

Tuesday, December 8, 1953

Medical Arts Building Auditorium

8:15 P. M.

"HYPERTENSION"

By DR. DONAL R. SPARKMAN,

*Past President of the Washington
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and

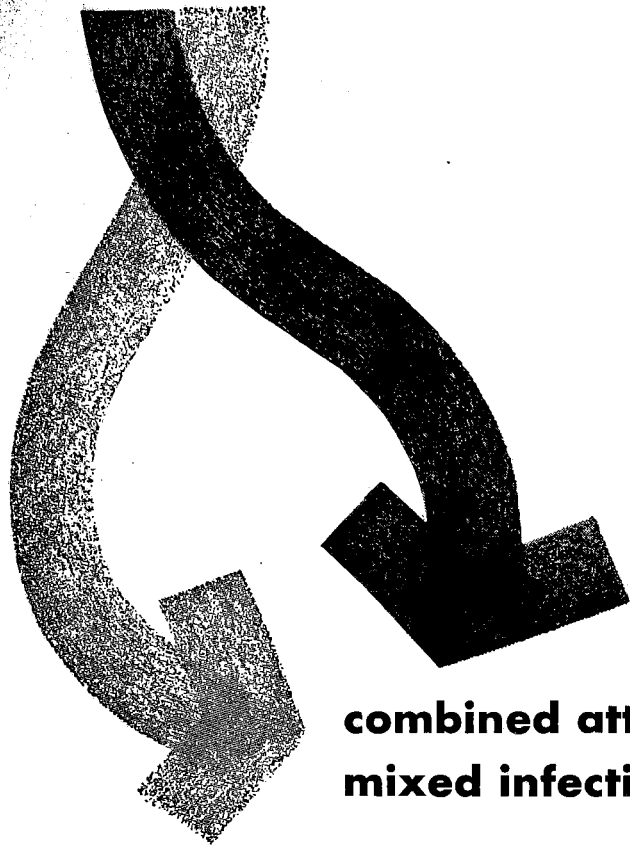
DR. JACK BAKKE,

*Assistant Chief of Medicine
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NOTICE

Check back page of Bulletin for calendar
of special meetings

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



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**Annals of Internal Medicine*, 37:465, 1952.

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LIBRARY CORNER

It is hard for me to speak of the value of libraries in terms which would not seem exaggerated. Books have been my delight these thirty years, and from them I have received incalculable benefits. To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all.

—Sir William Osler, *Aequanimitas*.

* * *

When requesting periodicals from the library, please list when possible: name of the journal, volume, pages, monthly date, yearly date, author's name:

* * *

The following items are missing from the library: Volumes 70, 71 and 72, Bulletin of the John Hopkins Hospital; 1952 bound copies of the Journal of the American Medical Association; volume 241, New England Journal of Medicine, volumes 2, 4, 5, 6, 7, 8 of the Journal of Clinical Endocrinology and Metabolism.

* * *

Books Received, November, 1953

1. An Approach to the Rehabilitation of Children with Muscular Dystrophy.
2. Clinical Orthopaedics (No. 2).
3. Diseases of the Liver, Gall Bladder and Bile Ducts by S. S. Lichtman, M.D. (Vols. I and II.)
4. Diseases of the Digestive System, by Sidney Portis, M. D.

5. Management of Pain, by John Bonica, M. D.
6. Medical Clinics of North America (Philadelphia Number, Clinical Medicine).
7. Pediatrics by Holt and McIntosh Twelfth Edition.
8. Primer of Cardiology, by George E. Burch, M.D.
9. Proceedings of the First and Second Medical Conferences of the Muscular Dystrophy Assn.
10. Sectional Radiography of the Chest, by Irving J. Kane.
11. Textbook of Pathology (Sixth Edition) by William Boyd, M. D.
12. Vitamin Manual, published by Upjohn.

* * *

Books and periodicals are loaned for two weeks and your cooperation in returning material promptly after it has served its purpose will be appreciated. Renewal for an additional period may be arranged if desired.

* * *

Heinsius, the keeper of the library at Leyden in Holland, was mewed up in it all the year long; and that which to thy thinking should have bred a loathing, caused in him a greater liking. "I no sooner (saith he) come into the library but I bolt the dor to me, excluding lust, ambition, avarice, and all such vices, whose nurse is idleness, the mother of ignorance, and melancholy herself, and in the very lap of eternity, amongst so many divine souls, I take my seat, with so lofty a spirit and sweet content, that I pity all our great ones, and rich men that know not this happiness."

—Robert Burton,

The Anatomy of Melancholy
Book II, Sec. 2, No. 4.

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BOOK REVIEW

Sectional Radiography of the Chest, by Irving J. Kane, M. D.

This is a concise and well written book of approximately 150 pages. The first quarter of the book is devoted to the principles and methods of planography and how it can be used to demonstrate the anatomy and pathology in the Chest. The latter three-quarters consists of illustrations of one-hundred cases showing first the conventional X-Ray film and then how sectional films elucidate the problems as to type, extent and localization of the pathologic process.

Under "principles of operation" section radiography is defined as "the layer by layer study of body tissues." This is accomplished by moving the X-ray tube and film in opposite directions throughout the period of X-ray exposure. The term is synonymous with tomography, planigraphy, stratiography and laminagraphy. The various techniques and limitations are briefly, but apparently quite adequately, reviewed. It is pointed out that, by using the recommended exposure factors, thirty planograms offer less radiation hazard than two minutes of fluoroscopy.

In the chapter on anatomy it is emphasized that the information gained from the anatomist, bronchoscopist and thoracic surgeon must be integrated with that from bronchography, angiocardiology and other contrast studies. "Nowhere is this more essential than in diagnosis of diseases of the chest."

Probably the most important point brought out in his chapter is, that for the localization of the pathologic process as to bronco-pulmonary segment, lateral tomograms are essential. This is because in the frontal views there is much overlap of segments. This is particularly important in the case of pulmonary tuberculosis being considered for surgery, where lateral tomograms are needed to supplement the frontal views to identify the proper bronco-pulmonary segments for resection.

In the chapter on pathology, the author takes up the various structures in which sectional radiography can be of help. As to the heart and aorta, it is useful in defining aneurysms and calcifications. The author feels that sectional films, in association with pneumomediastinum, might yield more information than angiocardiology but that the latter study will always be more important in studying intra luminal changes and vascular shunts. The trachea and bronchi may be outlined by sectional films where the neoplasm obstructs the trachea and precludes bronchoscopy. Mediastinal shadows can be more accurately localized and some times continuity with adjacent structures can be demonstrated. This would seem particularly important in the case of a possible carcinoma of the lung where all too often with "medical observation" the lesion gets out of hand.

This book should be read by everyone who is treating diseases of the chest. The data presented along with the illustrations are very instructive.

—W. W. Mattson, Jr.

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WOMAN'S AUXILIARY

To The Pierce County Medical Society

AUTHORESS ENTERTAINS LARGE GROUP

About 70 auxiliary members heard Mrs. Della Gould Emmons tell of the writing of her historical novels at the November meeting at the Judd's home. She described informally her own family background, her experiences as a Hollywood script writer, and her research in local Washington history. She so intrigued the audience that those who had not already read "Nothing in Life Is Free" wished to do so.

The student nurse loan fund (\$400 in the auxiliary treasury for several years) was a topic of consideration and action at the meeting. A committee of Ruth Light, Gladys Hanson, and Ruth Murphy had been appointed in October to investigate other loan funds in Tacoma and to learn. Gladys reported that the committee's investigation showed several organizations in Tacoma such as Women of Rotary and the hospitals have large loan funds available to student nurses. These funds are seldom used. It was recommended by the board and voted on and passed by the members that the \$400 not be held as a loan fund, but be called an emergency fund for the auxiliary in case we are unable at some future time to meet our obligations to the three principle projects: Future Nurse Clubs, nurses' scholarships, and medical education fund.

Hostesses for the meeting were: Mrs. Horace Anderson, chairman, Mrs. John Bonica, co-chairman, Mesdames P. E. Bondo, George Delaney, T. H. Duerfeldt, Cecil Fargher, Philip Grenley, Frank Hennings, Mahlon Hosie, Louis Hoyer, L. R. Higes, George Kunz, Jr., Charles Larson, C. C. McCoy, Robert Murphy, Arthur O'Leary, Louis Rosenblatt, Albert Sames, Leon Thomas, Merrill Wicks.

* * *

AUXILIARY SPONSORS CLUBS

Four high school Future Nurse Clubs are functioning now in Pierce County as the result of work of auxiliary members. Ruth Murphy, as nurse recruitment chairman for two years, works with other doctors' wives who are advisors in organizing and directing clubs in high schools for

Officers for 1953-1954

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 Co-Chairman, Mrs. Murray L. Johnson
 Nurse Recruitment Mrs. Thomas B. Murphy
 Co-Chairman, Mrs. John Bonica

the purpose of creating and maintaining interest in the nursing career.

At a meeting at the Murphy's home November 19th the advisors reported the clubs' activities.

At Lincoln High School, Mary Jo Kohler and Georgia McPhee are advisors to an enthusiastic group of about 40 girls, who organized late last spring and now meet twice a month.

Miss Jane Bradley, graduate nurse now a student at C.P.S., has helped the girls draw up a club constitution which is to be used in Pierce County, and is so well written it will probably be used on a state level.

The club toured St. Joseph Hospital November 14th. Sister Evrard was very gracious in showing the girls around.

As one of their projects the club members will be making Christmas favors for patients in both St. Joseph and Tacoma General Hospitals. They are considering a bake sale to raise money to pay for a page in the school annual.

F.N.C. pins will be ordered. They can be purchased for 65 cents apiece if purchases are in lots of 50.

Next month there will be a report on another Future Nurse Club activities.

* * *

DUES PAYABLE NOW

One-hundred two auxiliary members had paid their dues by the November meeting. That is

(Continued on Page 11)

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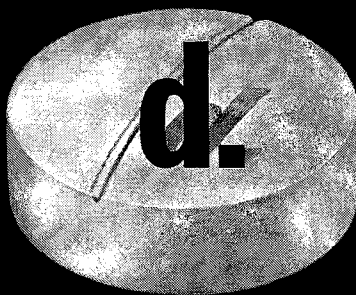
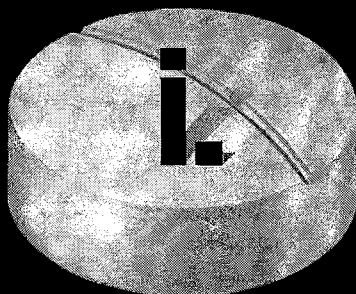
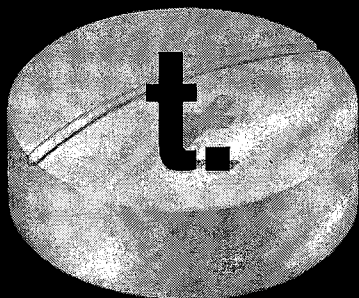
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SQUIBB

(Continued from Page 9)

about half the potential membership. Treasurer, Erna Wahlberg, asks that those who haven't yet paid dues, mail their checks to her before the first of January.

* * *

RUMMAGE SALE

The second annual rummage sale was held December 4th and 5th at 1516 Jefferson Street.

Barbara Teats, chairman, and Florence Rosenblatt, co-chairman, passed out at the auxiliary meeting addresses of collection stations, scattered around the city and suburbs, and asked for volunteers to help work. All members were expected to produce some material for the sale. In the next Bulletin will be the report of the results of the rummage sale.

* * *

XMAS GIFT

For the person who has everything a subscription to *Today's Health* is the ideal Christmas gift.

It is wonderful for the young mother, the college boy or girl, a deserving social agency, of school or church library.

The subject matter is varied and of interest to everyone. The best part is that every month all year through you will receive a magazine with exciting news of the greatest importance—our own well-being. Gift cards for gifts will be included.

Subscription price is only \$1.50 to members of the medical profession. Send your check and the name and address of the person designated to receive the gift to Mrs. Laurence Skinner, 10224 Green Lane S.W., Tacoma 9, Washington.

* * *

To date the only help the Office of Civilian Defense has asked of the auxiliary has been packing supplies in boxes for emergency stations. Janet Moosey and Louise Lee have helped with packing.

* * *

Dr. and Mrs. Charles Bogue have a baby boy, born at Tacoma General, November 12th. Dr. Bogue replaced Dr. Lamming at Gig Harbor when he left for service.

* * *

We are sorry that Bess Hopkins fell, breaking both her wrists and her hip. After a few weeks in the hospital she is now at home and can have visitors.

* * *

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TACOMA

The Maddison's son, Frank, will be home from medical school for Christmas with the family. He is a junior at Northwestern. (Does anyone know of other doctors' sons attending medical school? There should be more.)

* * *

Only Blood Bank Chairman, Midge Geissler, and our president were called to serve at the bank last month. However, Midge wants names of volunteers to "stand by" on Mondays for any emergency rush.

* * *

Mrs. J. Arnason Johnson and Anna Carlson have volunteered to sell T. B. Christmas seals in a booth down town.

* * *

Both Bonicas have been on television recently. Emma was on the KMO Kitchen Show to demonstrate Italian sauce, lasagne, and spumoni. Dr. Bonica was interviewed on KTNT's Home Show about his new book.

* * *

The Geisler's two-year old boy has been in the hospital because of repeated asthmatic attacks.

* * *

Dr. Skinner's father, Dr. James E. Skinner, is returning from five months in Hong Kong, where he saw many former Chinese friends now refugees in that city. He has been a medical missionary in Fu Kien Province for 48 years. He will be here with the family for his 86th birthday at Christmas time.

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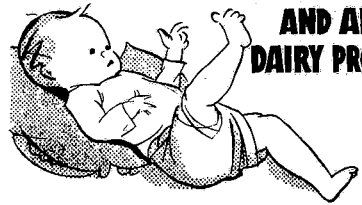
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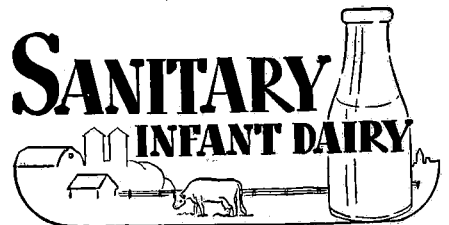


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VETERANS ADMINISTRATION American Lake, Washington

Dr. C. E. Stafford attended the American Heart Association symposium at the University of Washington on November 6th and 7th. He also attended the symposium on Modern Drug Therapy, Post-graduate School, U. of W., on Nov. 20 and 21st.

An article entitled "Variation in EEG in one Case of Neurosyphilis" by Drs. Leslie J. Seeley and Rodger S. Dille, was recently published in "Diseases of the Nervous System."

Dr. Louis B. Thomas of the University of Washington, recently completed a course of three illustrated lectures, entitled "Electroencephalography and Neurophysiology", "EEG Research and Seizures" and "Drugs used in EEG Research." The lectures were very informative and were enjoyed by our medical staff.

The Nursing Service regrets losing Miss Mayme Barrett from its staff. She has functioned as Instructor of Hospital Aides, Supervisor of the T.Bc. Unit and most recently as Assistant Chief, Afternoon Nursing Service. Miss Barrett has transferred to the VA Domiciliary Unit at Camp White, Medford, Oregon.

Miss Betty Gay, a graduate of the Tacoma General Hospital has recently joined our Nursing Staff after completing the requirements for her Masters Degree at the University of Washington.

Michael J. Goldstein, M.S., has been accepted in the VA Clinical Psychology Training Program and has been assigned to American Lake for training. Mr. Goldstein is continuing his graduate work in Clinical Psychology at the U. of W. and comes to the Veterans Hospital on a half-time basis. His Bachelor's Degree was from the State University of Iowa, where he majored in speech pathology and the graduate work for the Master's Degree was done at the State College of Washington, Pullman. Mr. Goldstein entered the program in October, after spending the summer in graduate study at New York University.

The O. T. Section has a new Occupational Therapy Affiliate, Miss Fredericka Foulks, who reported on November 1 for her psychiatric affiliation. Miss Foulks is a graduate of the College of Puget Sound O. T. School. Prior to her affiliation at this hospital, Miss Foulks affiliated at the Kabat Kaiser Institute in Santa Monica, California, and the V.A. Hospital at Wood, Wisconsin. Miss Foulks will be with us for three months.

Mr. Ruben Denning, our Personnel Officer, has been appointed Assistant Manager at the Veterans Administration Domiciliary, Camp White, Oregon, effective November 29th.

Miss Anna Jensen, Assistant Finance Officer and Henry Collins, Chief Accountant are planning to attend a Finance Conference to be held at the Veterans Administration Hospital, Portland, on the 14th and 15th of December. From there Miss Jensen will proceed to Caldwell, Idaho, to spend the Christmas holidays with her family.

ST. JOSEPH

Mrs. Dorothy Bradley, our Pharmacist is away on an extended vacation trip to England. She sailed aboard the Queen Mary last month.

Dr. Rademaker joined the Under-The-Weather Ranks a short time ago and was a patient on the third floor for a few days.

Dr. and Mrs. Vimont and family went to Eugene, Oregon, on November 6th to visit Dr. Vimont's father.

Miss Molly Love is our new X-Ray Technician on the fifth floor. She replaces Jack McDonald in the X-Ray Department. Miss Love comes from Victoria, B.C., where she trained for two years in the Royal Jubilee Hospital.

(Continued on Page 15)

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Serpasil Tablets, 0.25 mg. - 0.1 mg. Bottles of 100.

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(Continued from Page 13)

* * *

"Along the Corridors," is the name of our hospital Bulletin which is going to be published monthly by the employees. The first issue was published last week, and, although it was small, it seemed to create quite an interest among the personnel.

A baby boy weighing eight pounds, nine ounces was born on November 8th to Doctor and Mrs. Dean. Dr. Dean is one of our interns.

* * *

Miss Helen Ryan who has been staff nurse on the Medical floor since her graduation some three years ago, has taken leave of absence to visit relatives in Canada, over the holidays.

* * *

The State American Dietetic Association held its convention recently in Tacoma. Miss Connors and Mrs. Middaugh of our Dietary Department assisted with the registration, and serving of tea one afternoon.

* * *

A meeting of Nursing Education Section of District No. 3 of the Washington State Nurses Association will be held at Tacoma General Hospital on December 14th at 3:30 p.m.

* * *

The first meeting of the Washington Chapter of American Association of Hospital Accounts held in Spokane, Washington, on November 20th and 21st, was attended by Sr. Evrard, Director of Nursing Education, Sister Patricia Francis, Secretary, and Mrs. Kathleen Gallagher of the Payroll Office. This Association was just recently organized in this state.

* * *

The following nominations have been made for offices in the Education Administrators and Teachers' Consultants Section, of District No. 3 of W.S.N.A.:

Chairman—Mr. Robert J. DeVroy.
1st Vice Chairman—Miss Charleen M. Finsom,
Miss Leah Goertz.
2nd Vice Chairman—Sister M. Barbara Ann, Miss Jean M. Schenk.

Secretary—Sister M. Martha Joseph, Miss Ardyce E. Overland.

Executive Committee—Miss Susan M. Tidmarsh,
Miss Helen E. Johansson, Mrs. Ruth Zelenak.

* * *

The regular monthly staff meeting of St. Joseph Hospital is held on the third Monday of each month at 6:30 p.m. in the Cafeteria.

* * *

That all our doctors and their families will share in the Blessings of Christmas day is the wish of Sister Valeria and of all of the Sisters of St. Francis.

Change of Status

Please inform Mrs. Murphy of any change of status as soon as is possible.

REPORT OF CONTAGIOUS DISEASES

The following is a report on the number of contagious diseases reported in Tacoma and Pierce County for the period of October 20, 1953, to November 20, 1953, inclusive:

Amebic Dysentery	2
Conjunctivitis	1
Chickenpox	51
Dysentery	4
German Measles	8
Gonorrhea	22
Hepatitis	10
Impetigo	18
Malaria	5
Measles	89
Mumps	24
Pneumonia	18
Poliomyelitis	1
Rheumatic Fever	1
Ringworm	47
Scabies	14
Scarlet Fever	32
Syphilis	1
Tuberculosis	12
Vincent's Disease	1



Be sure to read these features in *Spectrum*, in the first section of DECEMBER issues of the

Journal of the American Medical Association

Animal Vectors • *The Ovaries* •
The Cystoscope • *Hoarseness* •
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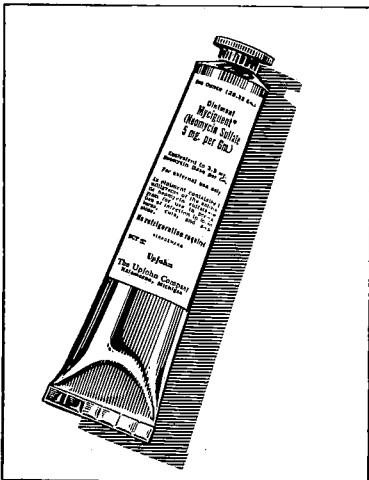
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Recently, the Bulletin wrote to PCMS retired members requesting that they submit memoirs or autobiographies relating to their practices in Tacoma. It is with great pride that we present the first in our series of articles by Dr. Joseph Kane.

A BACKWARD LOOK

By Joseph P. Kane, M.D., Retired

(Continued from Last Month)

After my year was up I left the Range with \$400 in my pocket, and in the summer of 1907 I began practice in Belle Plaine, Minnesota. This little village on the Minnesota river was as pretty and inviting as one could find. The casual friendliness along the street, a look in at Bill Bailey's for a little chat, or across the way to Weibler's sprawling general store where the whole family waited on you ad lib, or the daughters sitting back of the counter dropped their needlework and took you into the parlor for a little music or to try a new song,—living by the day, leisurely, timeless. There were two long established doctors. Old Dr. Maloney was pompous and crusty, and was said to give only two kinds of medicine, light and dark; Dr. Bohland was talkative and up to date with Frank Betz's Chicago bake ovens,—it was the age of Bier's hyperemia. That was a pleasant year and I grossed \$1,500.00. It looked as if I were getting in the clear.

In June, 1908, Isabelle Browne and I were married. In our little \$12 a month home, among friendly neighbors there was little to wish for. The next year Patricia was born. We might have been there yet if well meaning friends had let us alone. They persuaded us that Delano, 28 miles west of Minneapolis was a more promising location. Rather sorrowfully we moved. Socially, Delano was very pleasant, but there were so many doctors within the village and its surroundings that there were not enough calls at \$1.00 and confinements at \$10.00 to go around. Isabel and Anthony were born there. In 1912, I, having a local surgeon's pass on the G.N.R'y, left for the west. In the following spring we and our three children began again in Fern Hill, Tacoma, which Dr. J. B. Mc Nerthney, always our friend, pointed out as a "good spot."

Like a caterpillar tractor we were making our way. Sylvia and Jerome were added to our family. The war was raging in Europe, and then,—we were in it. The prairie near us trembled and Camp Lewis arose like an ant hill. The A.M.A. whanged the doctors into a patriotic frenzy; "Enlist, your Country needs you." Many of Tacoma's doctors drove out to Camp Lewis in the evening three times a week, listened to Major Northington lecture, and drilled. The call for doctors increased and in August with Isabelle's blessing I enlisted. As a 1st Lieutenant I was telegraphed to "Proceed without delay" to the Presidio in San Francisco. The order seemed so urgent that I left the office just as it was, thinking they might be off to France without me. As I said goodbye to Isabelle at the train with the five little ones clinging to

her I was torn with doubts and fears. Was it really duty or was it adventure that made me forsake them? When I presented my orders to the Colonel he growled, "My God! Another doctor. What'll we do with him?" I was sent to the 62nd Infantry Eighth Division, where already there were four doctors. Lazily we daily looked into the companies' garbage cans and latrines, (called inspection), we sat around, gossiped, smoked and went here and there to dry lectures,—and several times I rode a horse down Market Street in Liberty Bond parades. San Francisco opened its heart to us soldiers for its people are the kindest and most generous in all the land. In the evening I was dancing at the St. Francis or the Fairmont with the prettiest girls to the "Rose room fox-trot." At home Isabelle was taking care of the children on what I could send her out of a Lieutenant's pay. Just here is where our Pierce County Society really showed its goodness of heart. In the latter part of 1917 it passed a war relief measure. Dr. Royal A. Gove, then secretary, in his report for that year writes, "Whatever credit the Society deserves for its action in this matter is due to the persistence of Dr. Wilmot D. Read who felt that the Society was in duty bound to assist the families of some of our members. Out of \$3,521.00 contributed by 61 physicians, \$2,841.20 has been paid to eleven families of physicians in the army and navy." My family was among those who benefitted from the Society's generosity, and Dr. and Mrs. Gove out of pure kindness visited my wife and children at Thanksgiving and Christmas and left big holiday baskets. Remembering us in this true and old-fashioned way cannot be forgotten.

After a year I was ordered to Panama and was attached to the Puerto Rican regiment at Las Cascades. On arrival I was commissioned captain. The medical corps from the Island couldn't speak English, and one of my duties was to give them an hour's lecture every afternoon. With the garbling it got from their sergeant-interpreter it was the height of futility. I played the game for half the hour, from there on the Victrola took over,—something they understood. Clinically I saw malaria, filaria, etc., and once a month we had hookworm de-infestation,—nothing I'd ever again see in practice. During this time Theodore Roosevelt died and I was sorry. V-Day arrived and I was glad, and so were the homesick Puerto Ricans who moved the Victrola out on the grass and danced around it. What was happening at home all this time? Influenza was epidemic there. Letters took two to three weeks to reach me. In March, 1919, the Puerto Ricans went home. I was to be transferred to Ancon but after a talk with the C. O. I was discharged and sent home via New York. On the train I took off my captain's bars and sat with the boys in the day coach, dropping off with them at stations where grateful homefolk were waiting day and night with doughnuts and cigarettes to welcome their soldiers home.

Tacoma! Reconstruction Days! Old doctors coming home, new ones from Camp Lewis settling here, all anxious to get off dead center. In 1920

(Continued on Page 19)

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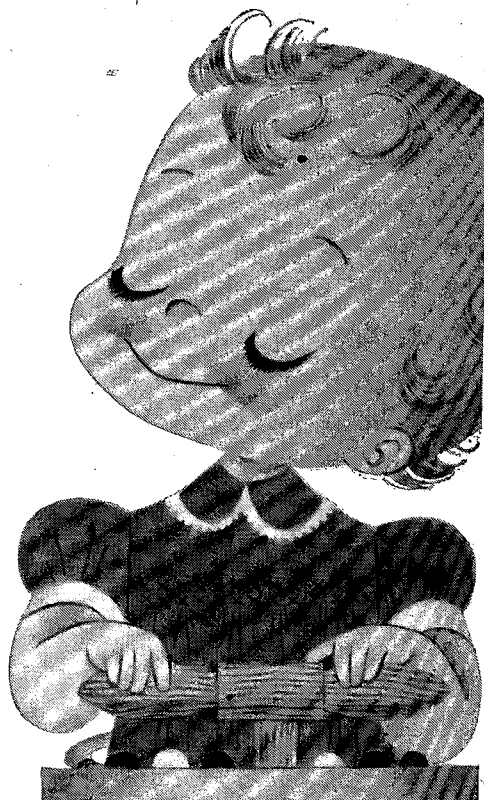
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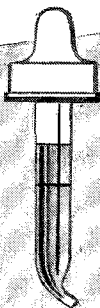
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(Continued from Page 17)

influenza flared up again, the whole family except me were seriously ill and Isabelle, who had just given birth to Barbara, narrowly missed death from pneumonia. Through Dr. Edwin Janes, I was appointed health officer to fill an unexpired term. The salary was a windfall. Almost immediately smallpox appeared and reached 138 known cases. The State Health Department ordered the school population vaccinated. The order was given and aroused a storm of bitter criticism from the school board, the newspapers and the cults. The Superintendent of Schools advanced the Easter vacation and sent the pupils home. I even was brought into court. But the Medical Society and its President Charles Hunter were splendid in their support of me, and so was Mayor Riddell. That fall Mr. Fawcett was elected mayor and immediately fired me. He said, according to his secretary, "Kane is a good health officer but we don't want any trouble." The next year I became President of our Society.

The smallpox episode did my practice no good. When the State Health Department offered me the position of health officer in Walla Walla, which had just adopted a full-time health department, I thought it might be the opening for greater advancement in an interesting and expanding field of medicine. We wrenched ourselves loose, sold our home and started again in the proud little college town. (Just for the record I wish to say that I still gratefully remember the parting gift of \$125.00 presented to me by our Society.) The people were kind and hospitable, but as I began to organize the department, the County Commissioners became antagonistic. They never forgave me when I brought in a trained college man for milk inspector thus displacing a henchman who had been a guard in the penitentiary. They over-ruled me when the jewelers demanded that they, as optometrists, prescribe for defective vision in school children. And the County Farm Agent became bitter because I didn't condemn and speak and write against oleomargarine. The Chamber of Commerce had me up before its Board to censure me for stating over the local radio that locally grown vegetables didn't contain enough iodine to prevent adolescent goitre. The heat was on, but the Walla Walla Bulletin, the Mayor and the city people were with me. Nevertheless ignorant politicians can ruin you.

About this time the Rockefeller Foundation offered me a scholarship in public health. As a long range shot to get into something more stable than village politics it lured me on. And so, once again Isabelle and the seven children were left behind and I went off to Johns Hopkins. I had filled the two required conditions: 1) get a doctor to temporarily take my place, 2) get the promise of the Commissioners to restore my job when I returned. It was a hard course and I worked nights and Sundays. A month or so before I received my degree the Commissioners wrote me that they were retaining the doctor who took my place,—and I was out. That hurt me. I came back with a diploma but no job. We packed up and returned to

Tacoma. Dr. J. B. McNerthney, always kind and ready to help, told me of a job at \$200.00 a month with a doctor who recently had taken industrial contracts. I was engaged for two years but at the end of the first one he lost several contracts. He fired me as there wasn't enough work for two. Looking about I opened an office on Sixth Avenue, and sat, and waited. In a few months I got a telegram from Washington, D.C. The Gorgas Memorial Institute asked me to come east and give talks to medical societies and service clubs. I was wrought up with uncertainty but my financial condition forced me to take it at \$150.00 a month and expenses. I went to Washington. There was a fine office on G. Street, and a staff like a small mail order house: The publicity department furnished newspapers with propaganda and kept urging doctors to become members at \$10.00 a year. This was Dr. Franklin Martin's great drive for "A Physical Examination on your birthday" as a living memorial to Gorgas. I read everything I could find on Gorgas and his work and learned my piece. With a handful of appointments that had been made for me I started off to speak before medical societies, Rotary, Kiwanis, and half a dozen other clubs. Through the East and Middle West I plead with business men to have the annual check-up, and with doctors to prepare to give it. Then I'd return to the office and after writing and checking newspaper scripts, for I was the only doctor, I'd be sent off with another sheaf of speaking engagements. I was in Washington on the eve of Hoover's election, and saw an old woman cry when the flash came that Al Smith had lost New York. Congress had voted a certain sum for the Gorgas laboratory in Panama, part of which went to the upkeep of the Washington office. But I feel that we lived to quite an extent on the \$10.00 checks sent in by doctors. (I had a secret feeling that the doctors weren't getting much for their money!) Admiral Carey Grayson, the President's physician, was president. His and a score of other eminent names on the letterhead were very impressive. At the annual meeting at the Statler Hotel in Boston I was glad to sit at the table with such men as George Crile and our own George Swift. They gave me some assurance that it was more than a dream institution. Dr. Franklin Martin of Chicago as the dynamic head of it all would drop into the office at intervals. One day after addressing the Optomists club in Camden, N.J., I wandered into Walt Whitman's house on Mickle Street, and across the river to Philadelphia. The hotel clerk handed me a telegram; "Return at once. Dr. Martin here. Five of staff discharged." "Oh, what the hell," I muttered, and went to a movie. Getting fired was nothing new. Sure enough, Congress had withdrawn the portion of the Gorgas fund allotted to the Washington office and we all were fired except a skeleton crew to keep the office open. There was much anxiety and beating of the bushes to flush out new jobs. I worried only as much as my nature would permit, about 140 systolic. I was getting old, 57. After I had written the American Public Health Association and was

(Continued on Page 21)

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(Continued from Page 19)

recommended by a friend in the U. S. Public Health Service, I went to New York for an interview. I was given a unique assignment, to precede the Redpath Chataqua from town to town. A professional entertainer, Mr. Snyder, was on the Chataqua program. His lecture was billed as "Keeping Ahead of the Headlines," of which the last 20 minutes was on public health. The A.P.H.A. paid a big price to Redpath for this propaganda. From South Carolina to Wisconsin I went ahead of Mr. Snyder, found out the actual public health situation from the health officer and others in the town he would next appear in and sent the information back to him. When in the evening he deftly modulated his witty talk from newspapers to public health there was surprise in the audience that he knew so much about their water supply, diphtheria prevention, milk, etc. It brought results and the New York office was gratified. It was fun and Mr. Snyder and I were very friendly. I saw the shows, talked with the entertainers and one Sunday at Lexington, Kentucky, the halfway point in the circuit, there was a big dinner for the entire troupe with excerpts from the programs given on the six days showings. "No business like show business."

September came and the end of Chataqua. Back in New York I was given a new mission. The Insurance Department of the U. S. Chamber of Commerce and the A.P.H.A. had worked out an elaborate "Inter-City Health Conservation Contest." Cities were invited to enter and compete with those in their own population group; under 10,000 to 20,000, and up to 500,000. A questionnaire covered every aspect of a city's responsibility for its peoples' health. My job was to go to the interested cities and explain it to the health departments, civic and commercial clubs and help them fill it out. At year's end the reports were graded by the A.P.H.A., and a bronze plaque awarded with much publicity to each of the winners. In all these wandering assignments of various kinds I visited every state in the Union once or oftener, except Alaska. I spoke in school auditoriums to children, among them one large high school of Negroes in uniform. After a talk at the Negro high school in Bowling Green, Kentucky, they asked if they might sing for me. At Danville, Kentucky, I looked into the kitchen where Ephraim McDowell did the first ovarioectomy. And in New York, with a note of introduction from our own Lewis, I worked my way through a file of secretaries for a little visit with Harry Hopkins.

I had embarrassments too, some of which happily I've forgotten. In Pittsfield, N.Y., I was on the program with Dr. Alvarez of Mayo's, I was in a business suit and the President of the Society was so put out he wrote Gorgas about the faux pas. In Louisville I got acquainted with Dr. Abel, later president of the A.M.A., to whom I took a great liking. He gave a dinner to the doctors at the Pickwick Club so that I might give my talk. A few letters of encouragement helped, as in my lonely roving about for more than two years, I

thought of Isabelle at home reading fairy tales to the little ones at bedtime, helping the older ones with their lessons, and watching over them all with her love and wisdom.

The stock market crash in 1929 had its effect on the A.P.H.A. There was a change of secretaries, contributing sources dried up, the staff was cut down and I walked the plank. The drop was not immediately fatal as they found me a job as supervisor of county health departments in the the State Department of New Mexico, my salary being subsidized by the Sage Foundation of New York. Again the nomadic Kane family was on the move. The household goods were stored in Seattle and Isabelle with the four younger children came to Santa Fe. The three older ones were left at the University of Washington. Living in Santa Fe had a peculiar charm with its artists and poets, but the State health officer, an Englishman and Cambridge University graduate, was hard, dominating, and autocratic. We didn't confer with each other, I wrote out my recommendations and reports, knocked on the door and handed them to his secretary. I got out a little monthly paper which was mailed to the 31 county health officers. About half my time I was driving over the state supervising their work. At last the relationship with my superior got unbearable, and when the Sage Foundation withdrew its support of the county health program I was fired just before Christmas. The four children, Isabelle and I climbed into the Ford and leisurely wended our homeward way with the wide and empty world before us. We rented a house in Seattle, and lived that summer at Woodmont Park. I took a doctor's place for a month in Skagway, Alaska, and had an offer to go on a whaling ship,—what next? The State Health Department had trouble with the health officer of Grant County and offered me the job with a salary of \$50.00 a month which, eked out with private practice, they assumed would not be bad. The people of Ephrata were very nice, but the County Commissioners, except one, were sullen and non-cooperative begrudging me the \$50.00 which one of them called "relief." I used my own car on long drives with no allowance for gas. It was an impossible situation and I came back to Seattle after a dreary year.

There was nothing left for us to do but go back to Fern Hill where we started twenty years before. Chesterton says, "There are two ways of getting home; and one of them is to stay there. The other is to walk round the whole world till you come back to the same place." Isabelle, loyal and stout-hearted whatever befell, and I rented a house on Park Avenue and 92nd street, and I got a little office ready. Our old friends came back to us; my practice kept growing; the four older children had finished college; the next two were almost through. Charlotte, the youngest would graduate from high school in June,—and then in April, 1937, Isabelle died.

My last Great Friend was gone, but our work was not finished and I must go on alone. Jerome had another year before graduation, Barbara was

(Continued on Page 23)

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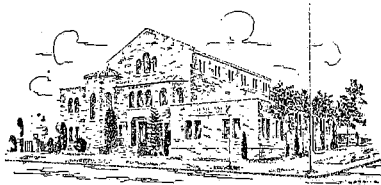
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(Continued from Page 21)

studying at Washington for her B.S. in nursing, and in the fall Charlotte would enter Washington State. The other children, being through, were on their independent ways. I insisted no one should stay home for my sake; all must be free to live their own lives. So I lived alone, kept on with my small practice, and read till midnight. I was like a merchant closing out his stock, I couldn't shut up shop till the shelves were empty. It was fun in the summer when Charlotte came home on vacation. Our George Nace gave her a place on the City playgrounds. But when her last vacation was over and Charlotte was starting back to Pullman for her final year it was sad to think as I waved her goodbye that never again would I be seeing anyone off to school from our house. She was the last: our schooldays were over.

The second World War came. Anthony was with the Judge Advocate in Washington; Isabel joined the W.A.C.'s and her company was the first to follow the Army into Normandy, (I sound a little braggy; Jerome was in Lima, Peru, with Panagra Airlines; Barbara was a nurse in the Navy; Charlotte was an army hostess in Berlin; Sylvia was in San Francisco, and Patricia in Seattle. I was in Fern Hill.

Medicine is ageless and grows more wonderful with the years, but I was getting old and my work was finished. It was time to relieve Medicine of her long and faithful guardianship. She had helped

me attain the real, true and soul satisfying objects in life. The time had come to say goodbye, to thank her, and, bowing out, wish her a glorious future. And so we parted.

Some prate about dying in harness. I like a little time between the daylight and the dark to sit and think and read and look around me. Thank God I am never lonely, never bored. I slip off every year for a few weeks visit with my children.—St. Paul, Boston, Chicago, Palo Alto. They are glad to see me, and treat me as an equal, no patronizing, no managing, but there is always loving kindness and lots of fun. My twenty grandchildren address me respectfully as "Old Grandad, 100 proof." My health and strength are excellent,—and so, being of sound mind and body, I shall replace the bung and move over to let the next old bench-warmer draw off and pass around his cup of joy and sororw.

THE END

JOSEPH P. KANE

ROSTER CORRECTIONS

The following corrections have been received since the October Roster issue:

HOYER, LOUIS P., JR. Home, 10919 Greengate Lane S.W.....	LA 8700
DEMING, J. EDMUND Obstetrics and Gynecology Office, 1012 Medical Arts Bldg.....	BR 3723
Home, 4001 East F	HI 2859
JONES, SCOTT S. 1012 Medical Arts Bldg.....	BR 3723

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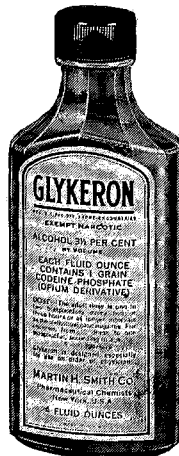
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RECENT REVISIONS OF CRITERIA FOR RELEASE OF GAMMA GLOBULIN FOR POLIOMYELITIS

Recent revisions in release of Gamma Globulin for poliomyelitis by the state committee is as follows:

1. The age limit has been increased to persons up to thirty-one years of age and includes all pregnant women.
2. Definition of "Household Contact":
 - a. Persons living in a household in which a case of poliomyelitis has occurred, within one week of the date of the onset of the case to which exposed.
 - b. Persons who have visited overnight in a household or who has spent twelve continuous hours in a household in which a case of polio has occurred, within one week of onset of the disease.
 - c. Persons living in a household in which a person, subsequently developing polio, has visited overnight, or spent 12 continuous hours in the household, within one week after the last exposure to this case within that household.
3. Gamma Globulin is not ordinarily provided for exposures in mass situations such as riding on school buses or while attendance at schools.
4. It is possible that under some other circum-

stances there has been sufficient exposure to justify the giving of Gamma Globulin. In these instances it is suggested that the respective physician discuss the matter with the county-city director of health.

OEC 1953

BY-LAWS OF MEDICAL SOCIETY

Proposed change in the by-laws of the Pierce County Medical Society:

Section 3. Dues and special assessments.

(a) Amount of dues. The annual dues of this Society are Forty dollars (\$40.00), plus the Washington State Medical Association dues which are Thirty-five dollars (\$35.00), plus the nurses' scholarship fund which is \$10.00. The annual dues of the American Medical Association are Twenty-five dollars (\$25.00), and are payable through the Secretary-Treasurer of the Pierce County Medical Society.

YOUR DOCTOR SPEAKS

Thursday, 7 p.m., KTNT

- December 3—Dr. Lewis Hopkins will speak on "Health in Later Years."
- December 10—Dr. Warren Smith will speak on "Hunting Accidents and First Aid in the Woods."
- December 17—Dr. Louis Hoyer will speak on "Tuberculosis."
- December 24—Dr. Darcy Dayton will speak on "Why You Need a Family Doctor."
- December 31—Dr. William Ludwig will speak on "Blindness."

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SURGICAL ASPECTS OF THE WASHINGTON STATE HEART ASSOCIATION MEETING

November 6, 1953

In his first paper, Dr. Paul Wood (from London) discussed *pulmonary stenosis* and showed some slides illustrating their results with surgery.

He classifies this congenital defect by dividing it into two groups: Those with an abnormal aortic root and those with a normal aortic root. Clinically he divides them as to severity:

1. Mild—having a systolic murmur and thrill and a right ventricular pressure of $\frac{30-50}{0}$;
2. Moderate—having a right ventricular pressure of $\frac{51-100}{0-5}$;
3. Severe—having a right ventricular pressure of $\frac{100-200}{5-15}$.

These points are illustrated. They have angina, exertional dyspnea, an increased amplitude of the venous "A" wave and a visual pulsation as seen in tricuspid stenosis. P₂ is absent. Variants of infundibular stenosis are described as follows:

1. Pure infundibular stenosis—there is a low murmur almost like a mitral. The pulmonary artery is not dilated;
2. Infundibular stenosis with an inter-ventricular septal defect (this is not a tetralogy);
3. Infundibular stenosis with an interauricular septal defect;
4. Infundibular stenosis with a reversed shunt. These patients are cyanotic. They differ from the tetralogy of Fallot in the marked right ventricular stress that is not seen in the tetralogy.

Dr. Wood also pointed out that the acyanotic "Fallot" is not rare. Slides were presented of several cases that had been operated on by Dr. Brock in London. These cases were very interesting in that while clinically the children were much improved the cardiac silhouette was markedly enlarged. Catheterization studies are contemplated.

Mitral Stenosis—300 cases with a 3½ year follow-up
By Dr. Paul Wood—

Dr. Wood reviewed the pathogenesis of Rheumatic fever, how the average age of onset was about ten years and somewhere in the late twenties symptoms occurred. With the occurrence of symptoms, the average case is totally incapacitated in seven years. Three effects are described:

1. Pulmonary apoplexy from sudden increase in pulmonary artery pressure on exertion. This can be an early symptom before the veins fibrose, and was seen in 68% of his cases as such;
2. Auricular fibrillation. Actually, on the average, the patient with auricular fibrillation had a larger mitral orifice and the extremely stenotic orifice was less common. Quite mild stenosis was found to result in fibrillation in some cases;

3. Embolus was the first symptom in 12% of the patients seen. Dr. Wood reports on incidence of 10% emboli in the immediate post-operative period as opposed to a 13% incidence of emboli in the long run of cases that do not undergo surgery.

Dr. Wood reviewed some data from their catheterization studies. He found that one-fifth were allowed to develop extreme pulmonary hypertension. The etiology (why some develop these high pressures and some do not) remains obscure. It was pointed out that here is a paradoxical situation in which the natural protective mechanisms, in this case an increased cardiac output, could kill the patient. This can be detected clinically by noting the neck pulsations in many cases.

The catheterization studies did not contribute significantly more than the rest of the work-up. That is, it only substantiated pulmonary hypertension where it was already evident by the physical findings, history, and X-ray findings (chamber analysis) and EKG.

Clinically he felt that about 5% of this series developed a recurrent Rheumatic activity and restenosis of the mitral valve.

Cardiac Emergencies, by Dr. Herrman Blumgart—

Dr. Blumgart reviewed some present day concepts on the treatment of several emergency situations.

1. In acute myocardial infarction he points out the following:
 - a. Oxygen may be dangerous in the case with pulmonary emphysema where the respiratory center may become insensitive to CO₂ and requires oxygen lack to drive it. If oxygen is given in this case, respirations may be depressed and shallow resulting in delirium, coma and death;
 - b. Nitroglycerine may result in collapse and death in an acute infarction;
 - c. Complete bed rest in the position of comfort is thought not to be significantly different from the "armchair treatment";
 - d. Quinidine and pronestyl are given for arrhythmia only and digitalis for auricular fibrillation or failure only;
 - e. Anti-coagulants are unnecessary in the good risk patient (small or first attack). They are contraindicated in the presence of a friction rub.
2. In congestive failure, the fast-acting drugs—ouabain and lantoside were discussed briefly.
3. In acute pulmonary edema, the patient is inverted and suctioned. Morphine, atrophine and positive pressure oxygen (5 cm. H₂0 are used. This is gradually diminished. Also helpful are the anti-foaming agents (alcohol) and keeping patient at dry weight diuretics, low salt diet, digitalis, etc.
4. In pulmonary embolus, Heparin IV. 75-100 mg. (every six hours) is started. If there are further emboli, femoral-bilateral ligation or inferior vena cava ligation is done.
5. In cardiac arrest, the etiology is on the basis of ventricular fibrillation or standstill. The

(Continued on Page 27)

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(Continued from Page 25)

latter is hoped for and the more frequent procedures are as follows:

- a. Stimulate myocardium with a needle;
- b. 100 cc. 1% procaine on outside of heart;
- c. Electrical defibrillation;
- d. $\frac{1}{2}$ cc. 1/1000 epinephrine in 10 ccs.-intracardiac;
- e. Zoll Pacemaker is especially useful in Stokes-Adams disease. Dr. Blumgart reported fourteen cases in which it has been used. One case was kept on the Pacemaker for five days.

The Treatment of Shock in Myocardial Infarction by Dr. Herrman Blumgart:

Dr. Herrman Blumgart's experience has been that if the blood pressure stays less than 80 for one hour the mortality has been 80%. The derangements are:

1. Decreased cardiac output;
2. Decreased venous return from peripheral vascular collapse.

The treatment should be early and energetic in these situations before the shock becomes irreversible.

Demerol should be given and if no relief, morphine and transfusions of 250 ccs. or more may be needed, being careful to check the lungs for pulmonary edema. Intra-arterial transfusions are difficult and dangerous. Nor-epinephrine is good in that it does not increase cardiac rate or irritability or produce anxiety. It is given intravenously, 4 mg./Liter.

Selection of Cases for Mitral Commissurotomy—

Dr. Howard Burchell, Mayor Clinic:

1. Calcification as demonstrated by X-ray favors significant mitral insufficiency but is not enough to exclude surgery;
2. A systolic murmur was noted in five of their first fifty cases and none of these patients had significant regurgitation. However, in two others with a systolic murmur, severe regurgitation was noted.
3. No cardiac enlargement with a long diastolic murmur generally means a tight mitral stenosis.
4. In Lutembacher's syndrome (mitral stenosis with an interauricular septal defect) if there is a left to right shunt, both lesions can be fixed.

Follow-up on Mitral Surgery, by Dr. Howard Burchell—

Dr. Burchell points out that there is a "critical size" of the mitral valve opening that is needed. This probably explains the variable clinical pictures and results following surgery.

In their experience in one of the first fifty cases, the murmur disappeared completely. Usually P₂ is diminished and there is a small residual diastolic murmur.

Embolization seems to be the big hazard. In cases where there has been a recent embolus, the patient is dicaumoralized for six months. It is doubted that any maneuver at operation will prevent this complication.

Failures are attributed to rigidity of the valve and in some cases where constriction is in the area of the corda tendinae.

They have had one recurrence seen at post mortem two years post-operative. An 5 mm. area of fibrosis at the site of the commissurotomy is described.

—W. W. Mattson, Jr.

Mistake

A doctor rushed into the coroner's office: "I want to change that death certificate I gave you yesterday. I put my name down in the space marked "Cause of Death."

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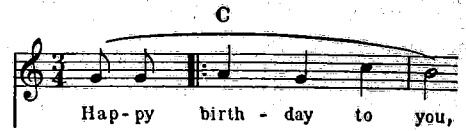
Inability to obtain dollar exchange for their purchase in America has critically handicapped the acquisition, through ordinary channels, of these necessary textbooks. Therefore, under sponsorship of the U. S. State Department, a cooperative project has been set up to solicit gifts of used books for Israeli institutions. Especially needed are books in the following categories:

All Medical Specialties, Anatomy, Aviation Medicine, Bacteriology, Biochemistry, Biology, Chemistry, Dentistry, Endocrinology, First Aid, General Practice, Gynecology and Obstetrics, Hospitals, Industrial Medicine, Internal Medicine, Medical Dictionaries, Mental Hygiene, Military and Naval Medicine, Nursing, Nutrition, Pathology, Personal Hygiene, Pharmacology, Physical Medicine, Physiology, Psychiatry, Psychology, Psychosomatic Medicine, Public Health, Surgery, and Veterinary Medicine.

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| 30 | JAMES M. MATTSON |

DR. GRAY HONORED

During the recent Washington State Medical Association convention in Seattle, gold lapel buttons were awarded to twenty-three Washington physicians who had completed 50 years of practice. Dr. Clyde E. Gray was one of these so honored.



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MEDICAL ASPECTS OF THE WASHINGTON STATE HEART ASSOCIATION MEETING

The Saturday a.m. session of the American Heart Association meeting in Seattle consisted of a paper on rheumatic heart disease by David D. Rutstein of Harvard University Medical School.

The etiology of this disease remains unknown; however, the trigger mechanism is recognized as a bacterial infection of the throat, usually but not always hemolytic streptococcal organisms.

The diagnosis is made by the finding of two major or one major and two minor signs. The major signs are migrating polyarthritis, carditis, pericarditis, korea, and valvulitis. The minor signs are recurrent vomiting, frequent nosebleeds, and a changing sedimentation rate.

The essential points in treatment consisted of bed rest until the signs of activity of the process and the sedimentation rate had stabilized. Nutrition should be maintained by feedings to satisfy the needs. Very similar results were obtained by the use of any one of the three agents—ACTH, Cortisone, or Aspirin in a large series of patients studied. The doctors carrying on the studies at five different centers didn't know which preparation was being used, but the dosage was scheduled to proper adjustment for age and size of patient being studied.

When the doctor in charge felt the patient was in critical condition and believed that he should discontinue the experiment in favor of his pet form of therapy, permission to do so was granted. However, the mortalities were comparable irrespective of drug used.

When heart failure developed, routine therapy was added to take care of this contingency—digitalization, sodium elimination, saline and mercurial diuretics used.

There was one difference noted in the aspirin treated group in contrast to the ACTH and Cortisone treated groups. This was in reference to the routine flare or rise of the sedimentation rate following the discontinuance of ACTH and Cortisone in contrast to its absence in the aspirin treated group.

The need to prevent recurrent attacks was emphasized either by taking Sulfadiazine ss gm twice daily, or by taking 300,000 u of Penicillin orally daily until the child has reached eighteen years of age or for five years following an acute attack in an adult.

Sensitivity was observed in about 10% of patients taking either sulfadiazine or Penicillin requiring a switch to the other drug.

In the presence of a sore throat a single injection of 1,000,000 u Penicillin, or 300,000 u every other day for three doses would suffice to prevent recurrences.

Sulfadiazine would not clear the trigger organism from the throat but Penicillin would.

Those who attended the meeting will realize the brevity of this summary as the paper took one hour and forty-five minutes at the time of presentation.

The afternoon session consisted of a series of movies depicting the development of the heart in the fetus, how the various anomalies develop and the mechanisms of many of the arrhythmias.

—H. A. Anderson, M. D.

Letter from Dr. Wilfred Olson in St. Louis

Dear Mrs. Miller:

The Bulletin just arrived and the picture on the front makes me homesick for Tacoma and Puget Sound. As I sit back here paying \$100.00 a month rent for a bum apartment in the slums and living on a residents income of \$200 a month I can just visualize all those wealthy doctors in that beautiful evergreen country living in palatial beach homes with 35-foot cruisers parked out in front!

How I would love to be all through with this education and be back out there with just a little fishing shack and a 14-foot outboard boat to look at—a driftwood fire going in the iron stove! One doesn't appreciate those things until they're gone.

I want to thank you for sending the Bulletin. It is certainly welcome as is any news of Tacoma.

Sincerely,

WILFRED R. OLSON.

P.S.—I'll be back.

Famous Last Words: "Guess what, dear, I sold the baby buggy."

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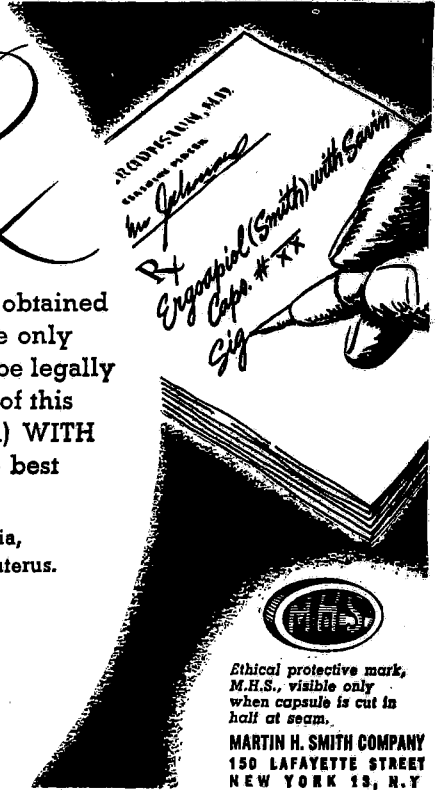
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NEWER TERMINOLOGY IN SEROLOGIC TESTS

In recognition of the fact that tests which were formerly referred to as "Serologic tests for Syphilis" or "STS" are, in reality, not specific tests for Syphilis, the Washington State Health Department has adopted the term "Serologic test for Reagin" or "STR".

The terms "Biologic False Positive" and "Doubtful" have become archaic and should also be discarded. The term "Biologic False Positive" has been used to indicate that the serum from an individual free from clinical symptoms or history of Syphilis, is reactive when tested for Reagin. The antonym of "Biologic False Positive" would then become "Biologic True Positive." This term carries the connotation that the Reagin tests are confirmatory for Syphilis. It is fundamental that Reagin reactive sera should be considered as supportive, not confirmatory evidence of syphilitic infection. The term "doubtful" connotes that there is some doubt about the test results. Actually there is no doubt at all. The serum is weakly reactive, but never-the-less definitely reactive. The specimen is weakly reactive because of a relatively low Reagin concentration.

At the meeting of the National Advisory Serology Council in Washington, D. C., April 9, 1953, the Council recommended that the term *Reactive* replace the old term "positive." *Weakly Reactive* should replace the old term "Doubtful." *Non-Reactive* should be used in place of "Negative." The Washington State Health Department has adopted these terms in reporting the results of the *Reagin Tests*.

The Tacoma-Pierce County Health Department will report the results of the VDRL test with these recommended terms also. During this familiarization period, the Kahn tests will be reported in the old terminology.

THE DEAF CHILD

The School for Crippled Children of the Tacoma Public Schools, has been providing teaching and rehabilitation services for Crippled Children during the past several years. Now the service has been extended to cover the pre-school blind children and the pre-school deaf children, beginning at age three.

It is especially important to find the deaf child and give him an opportunity to learn speech at the normal time for speech development.

The Health Services are charged with helping to find these children.

If a doctor knows of a deaf, blind, or crippled child, of pre-school age, who resides in Pierce County, and is not now attending the School for Crippled Children, he will perform a real service to the child by giving us the name and address of the child's parents.

Please ask your secretary to phone the information to this office, FULTON 1461, Extension 21.

—D. M. Dayton, M. D.

Director of Health Services.

PAN AMERICAN MEDICAL ASSOCIATION TO MEET

More than 2500 doctors and medical researchers from 22 nations of the Western Hemisphere will exchange information on the latest developments in medicine, surgery and related fields during a 16-day medical congress to be held in six South American cities and aboard ship enroute from New York to these ports, it was announced by Dr. Charles Crocker of San Francisco, Executive Secretary of the Pan American Medical Association.

This twenty-six-year-old organization of doctors, which annually brings together leaders in all branches of medicine and public health will sail from New York January 6 with over 700 U. S. doctors and their families and associates to meet with their colleagues at this year's conference meeting-points in Caracas, San Juan, Ciudad Trujillo, St. Thomas and Havana, Dr. Crocker added.

Characterizing the Congress as "a model demonstration of inter-cultural exchange, showing what private citizens as well as governments can do to promote better and warmer understanding among peoples and nations," Dr. Crocker further commented that it exemplified his association's credo: "the practice of medicine has no national, racial or religious boundaries." He pointed out that through the diverse national interests represented there runs a common bond of humane interest in the welfare of people in general, irrespective of race, creed or nationality. "We meet," he said, "aship and ashore, to exchange knowledge and research and experience in the symbiotic world of Medical Science."

Special sessions concerning "The problem of Nutrition in the Western Hemisphere" will be conducted in Venezuela and Cuba, led by Dr. E. V. McCollum of Johns Hopkins University and Dr. Arthur Leiwa of Long Island University. Other special sessions will be held in La Guaira, San Juan, Ciudad Trujillo and Havana.

Various supplementary events in these Congress-cities have also been arranged by the members of the chapters of the Pan American Medical Association which embrace the leaders of the medical profession of their countries.

DO YOU LIKE THE WAY THE A.M.A. IS RUN?

Quoting Dr. George F. Lull in the Secretary's Letter:

"If any of you do not like the way the A.M.A. is run, you should make your ideas known at your county medical meetings, introducing resolutions which may be carried to the House of Delegates of the State Medical Association, thence to our delegate and thence to the A.M.A. Every member of our organization has the right and privilege to express his own feelings and inaugurate changes which will be carried through if there are enough members of the society who believe as he does."

—Potter County Medical Bulletin.

Mother: "Where do bad little girls go?"

Daughter: "Everywhere."

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SAMPLE BALLOT

To be received no later than 5 p.m., December 8.
President-Elect—Vote for one: W. C. Cameron,
W. A. Niethammer.

Vice-President—Vote for one: S. E. Light, G. G. McBride.

Secretary-Treasurer—Vote for one: A. Herrmann.

Trustees—Vote for four: E. R. Anderson, B. A. Brown, E. J. Fairbourn, H. F. Griffin, M. R. Hosie, R. H. Huff, M. L. Johnson.

Delegates to the Washington State Medical Association—Vote for five: S. F. Herrmann, M. R. Hosie, L. P. Hoyer, H. S. Judd, G. C. Kohl, W. G. Peterson, C. C. Reynolds, F. J. Rigos, W. F. Smith.

Alternate Delegates to the Washington State Medical Association—Vote for five: P. Grenley, A. B. Heaton, W. H. Ludwig, M. Parrott, W. G. Peterson, C. B. Ritchie, F. J. Schwind, P. B. Smith, E. W. Wahlberg.

Recent Revisions of Criteria for Release of Gamma Globulin for Poliomyelitis

Recent revisions in release of Gamma Globulin for poliomyelitis by the state committee is as follows:

1. The age limit has been increased to persons up to thirty-one years of age and includes all pregnant women.

2. Definition of "Household Contact":

a. Persons living in a household in which a case of poliomyelitis has occurred, within one week of the date of the onset of the case to which exposed.

b. Persons who have visited overnight in a household or who has spent twelve continuous hours in a household in which a case of polio has occurred, within one week of onset of the disease.

c. Persons living in a household in which a person, subsequently developing polio, has visited overnight, or spent 12 continuous hours in the household, within one week after the last exposure to this case within that household.

3. Gamma Globulin is not ordinarily provided for exposures in mass situations such as riding on school buses or while attendance at schools.

4. It is possible that under some other circumstances there has been sufficient exposure to justify the giving of Gamma Globulin. In these instances it is suggested that the respective physician discuss the matter with the county-city director of health.

DOCTORS AND TV

Tentative arrangements are being made for the appearance, at intervals, of members of the Pierce County Medical Society on a local live television program. This type of activity by physicians has received the sanction of the A.M.A. and the approval of the Board of Trustees of the Society. Participation will take the form of short interviews on medical subjects of general interest to the television audience, and a call for volunteer speakers will be made in the near future.

RESOLUTION PRESENTED BY DR. WICKS APPROVED BY P.C.M.S. BOARD OF TRUSTEES

WHEREAS, The independent operation of the Tacoma Pierce County Blood Bank on a self-supporting replacement basis with medical control at a local level has been eminently satisfactory, and

WHEREAS, The coordination of a national blood bank program operated by any organization would prevent individual policy making and local level medical control of blood banks, now, therefore be it

RESOLVED, That the Pierce County Medical Society is in accord with maintaining the present status of the Tacoma Pierce County Blood Bank; and be it further

RESOLVED, That copies of these resolutions be sent to the Washington Delegates to the American Medical Association and to each county medical society urging them to send similar resolutions to the Washington Delegation.

—Unanimously accepted by the Board of Trustees, November 10, 1952.

MY HOW TIME FLIES . . .

20 Years Ago—

Drs. P. C. Kyle and Walter Cameron were in Tacoma General Hospital each of them a victim of an acute appendix.

15 Years Ago—

Dr. W. B. Penney resigned as secretary of the Pierce County Medical Society after 20 years of service.

10 Years Ago—

Les Baskin was promoted to captain and was still in the Aleutians somewhere; Major Jesse Reed sent Christmas greetings from Sicily.

5 Years Ago—

Editor Lewis Hopkins said of the Senior Citizens Security Act:

"Speculations and apprehension are equally prevalent regarding our future national situation but our judgment may be more realistic by not giving too free rein to fears of possibilities and probabilities in a national care program. We should make every effort to inform ourselves; discuss the subject when opportunity presents; and make use of every means which in our judgment will be of national benefit.

There you have what the law says must be provided. To finance the above it is the responsibility of the state to augment Federal funds as may be necessary. Objectionable as some of the "musts" may prove there should be no unsolvable problems in the program if there is honest cooperation between state and county agencies and practitioners of the healing arts.

"I simply can't understand our neighbors. They have no car, no record player, no television set. She doesn't even have a fur coat."

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BRIEF REVIEW OF THE 1953 40th ANNUAL MEETING OF THE NORTH PACIFIC SURGICAL ASSOCIATION

Friday Morning, November 20th—

Dr. Earl Lasher—"The Economics of Fluid and Electrolyte Therapy.

The growing tendency is to rely too much on multiple laboratory procedures in diagnosing electrolyte fluid imbalance. It is of greater importance to know the clinical syndromes and anticipate imbalances, particularly in the post-operative state. An additional factor is the great expense to the patient, which ultimately reflects on the medical profession.

Dr. Donald Hall—"The Use and Abuse of Blood."

The dangers of blood transfusion were reviewed. Even with extreme care, human errors are bound to occur, amounting from one to three per thousand transfusions, with serious results. Additional factors of serum hepatitis, antigen sensitivity to blood subgroups and overloading the circulation are important. There was discussion regarding the overzealous use of intravenous fluids as well as blood in some hospitals by the anaesthesia department.

Dr. Werner Zeller—"Surgical Complications of Cortisone Therapy."

Ulcers of the gastro-intestinal tract occur occasionally in patients under cortisone therapy; these tend to massive hemorrhage and perforation and carry an extremely high mortality rate. Wound healing is drastically slowed and the use of cortisone in the postoperative state is therefore definitely contra-indicated.

Dr. Hale Haven and Dr. Thomas Carlisle—"The Use of Radioactive Isotopes in Surgery."

Iodine 131 is apparently of use in the therapy of hyperthyroidism and the diagnosis of intra-thoracic tumors that may be thyroid. It is of no use in the treatment of carcinoma of the thyroid except the alveolar and the alveolar papillary types. Gold 198 in limited use has helped serious effusions in the pleura and peritoneum in cases of carcinomatosis.

Dr. Henry Harkins and Dr. Lloyd Nyhus—"The Present Status of Vascular Grafts."

Experimental and limited clinical use of vascular grafts prepared by using the freeze dry method show great promise. Autogenous grafts are best, but even heterogenous grafts have been found to survive in clinical use.

Friday Afternoon—

Dr. Ralph Loe—"Anatomy and Physiology of the Esophago-gastric Juncture; Surgical Implications."

In surgery of the lower esophagus, the competency of the esophagogastric valve mechanism must be preserved to prevent esophagitis from gastric juices. Anterior displacement in the repair of sliding esophageal herniae may be a useful maneuver at times.

Dr. Wilbur Watson—"Surgical Aspects of Liver Disease."

The entire right or left lobe of the liver can be resected for such conditions as hepatoma, cysts and direct metastatic involvement by contiguous carcinoma.

Dr. John Trommald—"Experiences with Transduodenal Sphincterotomy in Fibrosis of the Sphincter of Oddi."

Fibrosis of the sphincter of Oddi is a definite though unusual syndrome. A variance of opinion was present between cutting the sphincter under direct control or dilatation under palpation. Good results can be expected with either method apparently.

Dr. John Gullikson—"The Surgical Significance of Duodenal Diverticuli." (Discussion opened by Dr. Murray Johnson).

Duodenal diverticula frequently requires medical therapy and occasionally must be resected. Surgical indications include severe pain and indigestion that fails to respond to medical therapy, and bleeding.

Dr. William Hutchinson—"Evaluation of Radical Groin Dissection."

In carcinoma of the vulva, penis, anus and urethra there is significant inguinal lymph node involvement and radical groin dissection must be considered. In malignancy of the rectum, testicle, bladder and vagina, inguinal node involvement is rare though it does occasionally occur.

Friday Evening—

Dr. D. C. L. Bingham—"Carcinoma of the Breast and Its Treatment."

Radical breast amputation is the treatment of choice for early carcinoma of the breast in the opinion of Dr. Bingham, Professor of Surgery at Queen's University, Faculty of Medicine, Kingston, Ontario. He further practices routine pre and post-operative X-radiation if axillary nodes are involved. For advanced carcinoma he advises a variety of palliative treatment including simple mastectomy, X-ray, hormones, castration at or before the menopause. He has performed bilateral adrenalectomy for palliation in eleven cases with definite improvement and pituitary gland excision in two cases.

Saturday Morning, November 21st—

Dr. Henry Harkins and Dr. Everett Schmitz—"Further Studies on the Billroth I Operation for Peptic Ulcer."

According to results attained at Harborview Hospital, Billroth I procedure in gastric resection must be considered in a new and better light. They believe this is a superior operation to modifications of Billroth II procedures and report good results in 91% of 241 cases.

Dr. K. Alvin Merendino and Dr. Lawrence Kiriluk—"The Importance of a Short Afferent Loop in Gastrectomy for Peptic Ulcer; a Study of the Protective Mechanisms Involved."

According to new and extensive research in dogs, the longer the afferent loop in gastrectomy, the more jejunal ulcers occur.

Dr. Joseph Nadal—"The Surgical Treatment of Regional Enteritis."

(Continued on Page 37)

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(Continued from Page 35)

Surgery is demanded in cases of regional enteritis where medical therapy fails, particularly in cases of stenosis, fistula or abscess. Initial resection is favored, but exclusion procedures for subsequent operations should be considered. Success of ACTH and X-ray therapy were mentioned.

Dr. Martin Howard—"Management of Acute Colon Obstruction."

There was considerable controversy as to whether transverse colostomy or cecostomy were the best procedures in the face of obstructive colon lesions. Occasionally, primary resections may be done (best results on right side) even in the face of obstruction.

Dr. Joel Baker—"Choice of Surgical Procedure for Carcinoma of the Lower Sigmoid and Upper Rectum."

Abdominoperineal resection is the only curative procedure to be advised for lesions at or below the rectosigmoid level. Above this level generally a resection with primary anastomosis may be done. In order to increase the cure rate, a complete right hemicolectomy should be done for right sided lesions; for left sided lesions, it was stated that a complete left colon resection should be done in order to remove the periaortic nodes as well as the complete inferior mesenteric chain.

Saturday Afternoon—

Dr. Kenneth Livingston—"The Curability of Intracranial Neoplasms; Comparison with Neoplastic Lesions of Other Areas."

With present day diagnosis, anesthesia and surgery, it was asserted that the neurosurgeon's results in treating intracranial neoplasms are to be favorably compared with treatment of neoplasms in other areas of the body.

Dr. G. Edward Schnug—"Surgical Treatment of Nontoxic Adenomatous Goitre."

Considerable discussion was had concerning the proper procedure in dealing with non-toxic adenomatous thyroid glands. There was general strong feeling that all single nodules should be excised because of the danger of carcinoma. Divided opinion was quite evident however in advising thyroidectomy for diffuse adenomatous goitres for this reason.

Dr. Mathew McKirdie—"Hyperinsulinism."

Hyperinsulinism is usually on the basis of islet cell adenoma of the pancreas and can be cured by excision of the adenoma. Occasional cases of diffuse hyperplasia of the islet tissue can be cured by resection of a minimum of 70% of the gland. If this fails the total gland must be resected; mild diabetes results. This is a rather rare condition.

Dr. Murray Johnson—"Experiences with arterial Emboli."

Emboli in the peripheral arteries occur usually in patients with cardiac lesions. They are an absolute emergency and are frequently treated too late. Active medical therapy includes vascular antispasmodics, sympathetic blocks and anticoagulants. Most of the emboli in the aorta bifurcation and legs require immediate surgery to prevent gangrene and possible death.

Saturday Evening—

Dr. D. C. L. Bingham—"Shock, with Particular Reference to Its Treatment by Intra-arterial Transfusion."

By experimental work with dogs, it was proven that in the period of shock due to blood loss just as cellular degeneration is beginning to occur (irreversible shock), intra-arterial transfusion will immediately raise the blood pressure and prevent death in a good percentage. Intravenous transfusion in like amount will not do this and all dogs died.

—Murray Johnson, M. D.

A.A.T.D.T.C.E.U.O.

A.I.M.R.A.L.*

Probably not a few worshippers at the shrine of Aesculapius have been unconsciously impelled there by the aura of mystery which has always surrounded the healing art.

Doctors of the old school could indulge this penchant by writing prescriptions which, if there is any truth in tradition, were as occult as Egyptian papyrus and, for this very unintelligibility, were occasionally useful as railroad passes or letters of credit.

With the coming of modern therapeutics the art of compounding prescriptions (and the writing of confounding ones) vanished. The physician's love of secrecy had to seek expression elsewhere.

Dissatisfied with accepted abbreviations of time-honored Latin expressions such as p.r.n. and t.i.d. the modern trend has been to extend the medical vocabulary of abbreviations. Starting with such modest beginnings as W.d.&n., W.B.C., L.M.D. and P.I.D., we now have W.N.L., and H.W.B., N.M.D., R.O., B.P.H., V.F., F.B. and F.O.M.

While the old-fashioned prescription which took several lines and twenty to thirty Latin words to mystify, the same can now be accomplished by abbreviated form, to wit: PBZ, PABA, PAS, ACTH, TEA and AT 10.

Ostensibly a device to save time—and we won't say for what—abbreviations can be carried to the point of serious misunderstanding between the person writing and the one carrying out orders. Imagine the dilemma of the student nurse on her first night vigil trying to decode an order sheet replete with the new jargon.

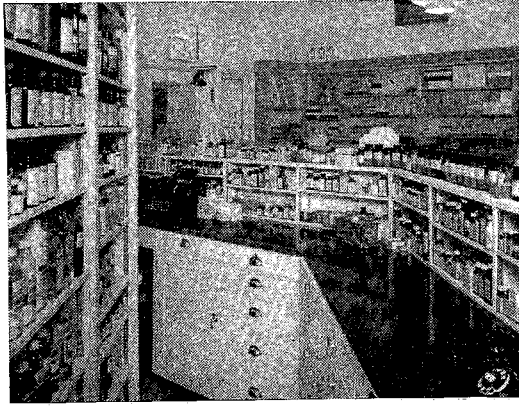
Although most present house officers grew up with the NRA and the other alphabet agencies and so many have an environmental tendency to abbreviate, just wait a few years until those born under the Blue Eagle's spreading wings graduate.

Q.E.D.

*An Appeal to Discourage the Current Excessive Use of Abbreviations in Medical Records and Literature.

—From Bulletin of the Academy of Medicine of Cleveland.

This sign was recently placed in front of a grocery store: "We know it's hard to get meat, butter, sugar, shoes and other things—but it's harder to learn to speak Russian."

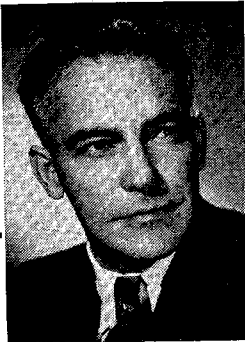


LAKWOOD PHARMACY

D. W. McDowell

J. C. Lowe

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



J. ARTHUR THOMPSON



WILLIAM VAN WELL



RAY CHAMBLIN

Under the leadership of these men the "Everything in one place" idea has been gaining wider and wider acceptance. Mountain View Memorial Park is the only institution offering all burial facilities under one management—mortuary, cemetery, chapel, crematory and outdoor columbarium. The Mortuary, while being a part of the park, will conduct services **at any church** and make **burial in any cemetery selected**.

MOUNTAIN VIEW FUNERAL HOME

LOCATED IN MOUNTAIN VIEW MEMORIAL PARK

Steilacoom Boulevard

Lakewood 2195

FIND ONE OF FOUR HOUSE CALLS BY DOCTOR UNNECESSARY

In one out of four cases, a request to a physician to make a house call is unwarranted because the patient is able to visit the doctor's office. Two out of three such calls are to treat women.

This conclusion was reached by three Decatur (Ill.) physicians following a two and one-half year study of 1,000 consecutive residence visits made by them. The physicians are Drs. William T. Couter, Alvin T. Held and Charles L. York.

Only those patients over 13 years of age and with general illness complaints were included in the study; complaints belonging to specialties other than internal medicine were referred to other practitioners. Only the initial visit to any patient with a medical complaint or to the same patient for a medical complaint unrelated to a chronic condition was counted.

"One of the most interesting facts to emerge from this study was the preponderance of female patients requiring residence visits," the doctors stated in the current (August 29) *Journal of the American Medical Association*. "The over-all percentage of female patients was 65.5 per cent, as compared to 34.5 per cent for male patients."

Many of the patients requiring house calls were over 65 years of age, "emphasizing the importance of geriatric medicine," they added.

As to the time of such calls, the doctors reported 325 visits between 7 a.m. and noon, 311 from noon to 6 a.m., 206 from 6 p.m. to 8 p.m., 111 from 8 p.m. to midnight, and 47 after midnight.

"In our discussion prior to embarking on this study, there was a universal cynicism about the urgency of the visit after midnight," they stated. "Yet in these 47 screened calls, 15, or 31.9 per cent, required a physician within four hours; one additional patient should have been seen within 12 hours.

"Twenty-seven patients were symptomatic but not urgently so, and from the physical symptoms only could have been seen the following morning. However, the emotional impact of disease occurring after midnight in particular cannot easily be resolved over a telephone. The remaining four patients needed neither physical therapy nor emotional reassurance at that hour.

"There were 27 visits to female patients and 20 to male patients, a female preponderance of 57.3 per cent."

One hundred and thirty-five different diseases were encountered during the 1,000 residence visits, the doctors pointed out. Fourteen of the conditions covered 66.4 per cent of the total calls. The commonest clinical entities were: influenza 148, follicular tonsillitis 84, nasopharyngitis 79, pneumonia 70, gastroenteritis 67, anxiety state 51, cardiac failure 36, bronchitis 25, acute back pain 23, urinary tract infection 23, coronary artery disease 22, inflammation of the gall bladder 20, cerebrovascular accident 15, and bronchial asthma 15.

"One hundred and seventy-nine patients were hospitalized (an additional 48 patients needed but refused hospitalization) and received laboratory work as needed for diagnosis," the doctors said.

"On four occasions the patient died prior to our arrival. On each of these occasions the telephone summons was so urgent that the call was answered within 15 minutes. One patient died of bronchial asthma and the other three of acute heart failure."

The study also disclosed the drugs most needed to be carried in the doctor's bag included aspirin compounds, penicillin with or without streptomycin, sleep inducing compounds, barbiturates, cough syrup and opiates.

DR. CASBERG'S DUTIES ARE DETAILED FOR FIRST TIME

The duties of the Assistant Secretary of Defense (Health and Medical) have been spelled out by the Defense Department with publication of a notice in the Federal Register. The post is held by Dr. Melvin A. Casberg. The notice formalizes the Civilian Health and Medical Advisory Council which has been operating with its six civilian doctors for some time. The order makes clear that any directive recommended by the Assistant Secretary changing established policies or procedures must be carried out, after approval by the Secretary of Defense or the Deputy Secretary, by the Secretaries of Army, Navy, or Air Force. However, the Assistant Secretary may deal directly with the three surgeons general in working out policies and procedures without going through the three secretaries.

The Assistant Secretary's job includes the following: (1) development of policies and standards for the department in the broad fields of health and sanitation, medical care and treatment of patients and administration of hospitals and related treatment facilities, (2) administration of the doctor draft law, (3) development of policies and standards for construction of hospitals and other health installations, and (4) providing for close cooperation and mutual understanding between the department and the civilian health and medical professions.

On Reading the Kinsey Report

An event I would dearly love to see
Would be Kinsey interviewing a bee,
A bee, particularly the female kind,
Would drive him completely out of his mind,
For when her primal urge prevails,
She takes not one, but a hundred males.
So many, in fact, that it's hard to see
How anyone, even the queenly bee,
Could know if number ten or fifty-eight
Turned out to be the chosen mate—
So Kinsey's charts would be all awry;
He'd have a quick decline and die,
But long after the curious doctor has gone
The busy bees will be carrying on.

—Bulletin of the Allegheny
County Medical Society.

Pierce County Medical Society

Medical Arts Building
Tacoma 2, Washington

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MONTHLY MEETINGS

STAFF OF TACOMA GENERAL

First Tuesday of each month (Second Tuesday in January)

STAFF OF ST. JOSEPH'S

Third Monday of each month—at 6:15 p.m.

TACOMA ACADEMY OF MEDICINE

Fourth Tuesday of each month—6 p.m. at Tacoma Club

SURGICAL SOCIETY

Third Tuesday of each month—6:30 p.m. at Tacoma Club