BULINTMIN
Pierce County Medical Society and
Tacoma District Dental Society
$\mathbb{P} \mathbb{R} \mathbb{O} \mathbb{R} \mathbb{A} \mathbb{M} \mathbb{S}$
PIERCE COUNTY MEDICAL SOCIETY
medical Arts Bullding Auditorium
8:15 P. M.

JANUARY 10
"Am I My Brother's Keeper?"
Of importance to every member of the Pierce County Medical Society. BE THERE!

JANUARY 24
The Value of Radium in Gynecological
Conditions_------------Dr. S. M. MacLean
Discussion opened by_-_-Dr. C. R. McCreery
Principles Involved in Gynecopathic
Backache_-_-_---------Dr. W. W. Pascoe
Discussion opened by_-....-.-Dr. E. A. Rich
Dr. H. S. Argue
Dr. A. L. Schultz
0
TACOMA DISTRICT DENTAL SOCIETY
Medical Arts Bulding Auditorium 8:00 P. M.
Regular monthly meeting---------January 1.7
Auditorium Telephone Broadway 3166
TACOMA, WASHINGTON

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## EDITORIAL

Technocracy tells us that all of the work of the world can be done by a small percentage of the population. By the intelligent use of the machinery we now have, and the inventions of the future, human labor will be reduced to a minimum if not absolutely abolished. In order that there may be employment for all, the hours of labor will be cut down to a few each day, and the working week reduced to four or five days.

This will lift the heavy load of grinding toil from the backs of numberless people and will give them time in which to enjoy the beauties of this world in which they live, instead of devoting all their waking hours to gaining an existence. The worker during his time off can be with his
family and join them in cultural purs suits, in the acquisition of knowledge in reading and the enjoyment of mus ic and the arts. He will have th time in which to take his family int the great out of doors, and gain bodil ly health and strength from the put air and sunshine. He can cultivati his garden, raise comestic animals ano indulge in creative handwork and dic other useful things. Life for all wil be more satisfying and complete.

All of this Utopian dream sound very attractive and alluring. It is true that many people are compeliec to toil many long hours, in bad sur roundings and at hard and unpleasamu labor. For these a relief from some of their work will be a blessing, but a knowledge of man in the mass and of his reactions to his environment makes us question the benefit of too much idle time.

How many people are there in the world that are deserving of much lei sure, in the sense that this time will be used for the real benefit of them selves or for their fellow men? How do the majonity of people of leisure use that time today? Will not too much time in which the average individual may do as he pleases cause him to lose the zest for work and the satisfaction that comes from tasks well. done? Leisure, relaxation, and recreation are desirable and have their proper place in the scheme of existence, but there is nothing in life that equals the joy of creative endeavor. "Thou shalt earn thy bread by the sweat of thy brow" was not said in the spirit of punishment but gracious ly in the thought of reward.

The doctor has not had to wait for the future to give him additional leit: sure time. The present economit state of the world has done that far him already. Instead of a waitiing room full of patients and a conser quent rush to get his work done, he
(Continued on page 12)

##  <br> HOTRE 11:00 A. M. TO B:BO I' M. TELEEPHONE <br> 13120ADV'AY:316G <br> 



In spite of the well-known "xe. pression" or perhaps because of it, 1932 was the best year the library has ever had. While some members say they are reading more because they have more time, others say they are reading less because they are seeing fewer cases, which would seem to make things even. However, your librarian's cherished belief is that this increased use is because our members are realizing to a greater and greater extent what the possession of such a library means to them, both in opportunity for study and as a matter of dollars and cents. Many have remarked that they have discontinued periodicals which they formerly took and are using library magazines instead, or are using our new books where formerly they would have bought them. In addition to the usual inquiries on scientific subjects, we have supplied information concerning proprietary products, patent medicines and cosmetics, statistics as to the incidence of diseases, compensation in injury and information about medical schools and hospitals.

We have on our list sixty-two pe, riodicals, received through subscription, gift or exchange. All the more important medical and surgical journals, with at least one and in most cases two in each of the specialties, are on our rack. We are seldom obliged to borrow from other libraries, as our own store of material has become so large that we are able to furnish all and more than is needed in aill except an occasional case.
In addition to the magazines proper, we have a number of lesser publications, such as the Bulletin of the

Metropolitan Life Insurance Company, the New York City Health Department Bulletin, the Bulletin of the American Society for the Control of Cancer and several others covering special fields, all of which have found use from time to time. We also receive bulletins of twenty medical societies throughout the country by ex. change for our own bulletin. Not only do these contain scientific papers which we keep for our pamphlet file, but they are of value as reflect. ing the views and activities of other county societies and oftentimes give personal news of interest to acquaintances bere.

While the purchase of books for the year has been kept at a minimum, there have been a number of important accessions, which have been announced in the Bulletin as received. The gift of Dr . Swearengen's library was the most valuable we have ever received, as the books were all recent and only a few of them were duplicates of volumes already on our shelves.

Special thanks are due to those of our members who have been so generous with magazines during the year. These contributions have enabled us to build up a very complete duplicate collection, which is of great value as these magazines are in constant demand and often several copies of one issue are out at the same time.

As we leave the old year behind, your library committee and librarian join in thanking you for your coop. eration in the past and in wishing for you and yours all happiness for the New Year.

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# Report of the Final Meeting of the Committee on the Cost of Medical Care 

By H. J. Whitacre, M. D.

It has been my unique privilege to attend the final meeting of the Na tional Eive Year Committee on the Costs of Medical Care, at the New York Academy of Medicine, where the final conclusions and recommendations of this Conmittee were discussed and announced. This has been one of the most thrilling, inspiring and stimulating experiences of my professional career. James R. Angell, President of Yale University, desig. nated the work of this Committee as "one of the great achievements of the generation in which we are living," and the report meeting as "an epoch-making event."
One hundred and nineteen conference members were present, including distinguished physicians, public health workers, economists, hospital authorities and laymen from various sections of the United States. Dr. Philip Young Brown of San Francisco and myself were the two representatives from the Pacific Coast. The meeting was very intense, a very high order of scientific discussion prevailed, service to the public and fairness to all agencies concerned in medical care were the dominant note, and there were no violent controversies.
The final report with conclusions and recommendations is a huge document of two hundred printed pages, based upon studies that have been presented in twenty-seven previous publications, and represents the most comprehensive mass of new factual informiation relative to medical care that has ever been compiled. Thomas Parran, Jf., Commissioner and Ex.
ecutive Health Officer of New York State, said, "For the first time we have gotten facts from which we can reason."
On a basis of collected facts, new and old, the committee had to develop conclusions and recommendations at this time, in compliance with its self-imposed five-year agreement. Thirty five of the forty eight members of the Committee signed a majority report. Eight physicians and one layman compiled and presented the chief minority report, two dentists filed a minority report similar to that filed by eight physicians, one economist made a statement, and one public health director declined to sign.

It is not surprising that there should have been differences of opin, ion and variance in conclusion, and that these minority reports were pre, sented. Dr. Ray Lyman Wilbur designated the report as "a controversial document about which disagreement was both inevitable and advantage. ous." All agreed that all disagree. ments had not been stated in the minority reports, and that this report was a tentative suggestive basis for experimentation. Dr. Walton H. Hamilton, Professor of Law at Yale University, says in his minority statement that he feels that this final report is more nearly a statement that the majority were willing to sign, than a document that each would have written.

Recommendation No. I, relative to group practice around a hospital as a community unit, is the socialistic monster that the nine physicians who
developed Minority Report No. 1 could not accept, and the one recommendation which gives some evidence of developing active opposition by physicians generally. There is some opposition to Recommendation III, which concens grouppayment through the use of insurance, but the minority report does not indicate objections along this line which are significant. The minority agrees with all other conclusions.

It might be considered that the eight physicians who developed the minority report in opposition to what they interpreted as a movement to establish socialized medicine immediately, were the sole champions of the traditional ideals of the medical profession, but it must be remembered that sixteen other physicians on this Committee signed the majority report.

The eight physicians who wrote the minority report have done a fine piece of work. What they have said needs to be said, and physicians everywhere will develop a new pride in their profession as a result of these statements, yet I am anxious that this minority report shall not become the agent whereby active opposition to the entire report is developed. Dr. John A. Hartwell, Professor of Surgery, Cornell Medical School, said, "There is no need of a cleavage in the medical profession, and this must not occur." Dr. Llewellys F. Barker, of Johns Hopkins, cautioned the medical profession against a negative position, said that passion, prejudice and violent controversy had no place in this problem, advised that the medical profession approve the relatively conservative recommendations of the Committee, and assume active leadership in the making of decisions regarding the policies to be followed.

Throughout the meeting and throughout the report, I found noth. ing but profound respect for the timehonored ideals of the medical profes.
sion, a fine appreciation of the need for an untrammeled personal relation. ship between the physician and the patient, due regard for the physician: as the central element in the service picture, and all consideration for the economic security of the physician:

No public utterance or private con. versation even suggested a back. ground of communistic spirit or of objectionable socialistic trends.

There is danger, however, that the: medical profession may be led into grave misunderstanding of the monu: mental work that has been done by the Committee on the Costs of Medr ical Care through the exhibition of the "health insurance bogie."
The editorial comment in the last issue of the Journal of the American Medical Association may have a tendency to prejudice many physicians against a careful study of the report. I feel that this would be a very unfortunate result of this comment, and have a very fair request to make: Do not accept any critical statement until you have arrived at the same conclusion yourself, after careful study of the report.

The remarks of President Angell of Yale should help us in keeping stable. He says that if history is any guide, we are going to have state socialized medicine in time. He fears centralized corporate control for med. icine, and thinks that this can be

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avoided by thoughtful experimental research and control of trends. He further says that "the question is not whether or not we shall do this or that, but whether or not we shall control what is now doing."
He says that three things must not accur:

1. Nothing must be done to make the medical career itself unattractive to the highest types of men-nothing that will discourage men who are in tellectual, adventurous, of high moral integrity and entitled to an honest livelihood on a reasonable level for educated men.
2. Measures must not be adopted that may rob the doctor of his personal responsibility for the welfare of his patient. The public must be sensible of this.
3. Nothing must be done that will lead the public or the medical profes. sion to go into panic. The profes. sion must not be alarmed by a new turn, and traditional attitudes must be modified.

On the other side of the picture he placed three positive attitudes:

1. The medical man must conceive in a more positive way his obligation to keep people well. Too much reservation and antagonism has been shown toward the health program. The fundamental public good is disease prevention.
2. The physician must recognize ungrudgingly that the business side of the practice of medicine is a pub, lic issue and not his own.
3. The public must be brought to reccgnize ungrudgingly that their health safety is contingent upon educated physicians whó enjoy economic security and occupy a dignified position in a community.

The final report, it may be stated In a general way, brings out the following points:

1. That there is a need for revis ion of organized medical care.
2. That the facts developed in this study show that the need for such reorganization is imminent, from the social, economic and political points of view.
3. That there is in progress in the United States an evolution of a social and economic nature.
4. That organized medical care in the United States is one of the elements in this evolution, and that we cannot escape its consequences.
5. That events of the past three years show conclusively the need for an organized approach to the problem of rendering care to the sick.
6. That unless we make the organized approach, society will do it for us.
7. That the facts contained in the final report furnish the basis for building a reorganized structure.

I am quite certain that a study of the comprehensive investigations, compilations, interpretations and conclusions that have been made by the Committee on the Costs of Medical Care will compel your admiration. I know that a study of the document will extend your knowledge, and I believe that it will inspire you to do something right here in the Pacific Northwest.

781 Broadway, Winthrop Hotel

It doesn't make much difference whether you approve of Recommendation No. I of the majority report or not. It does make a vast difference, however, whether or not we get down to honest-togoodness work on the problems that are so graphically presented in this final report of the Committee on the Costs of Medical Care. It is vastly important that you familiarize yourself with this unique storehouse of information, and thereby prepare yourself for the type of panic-free, constructive planning and leadership that is needed at this mo. ment.

This report gives me no discouragement in the work that has been done in Tacoma or the state of Washington. On the contrary, it has given me new heart to push the work that is in progress, and renewed hopes for success. The Committee on the Costs of Medical Care has expressed the definite opinion that the administration of medical care through health insurance companies is not the solution to the problem.

As President Angell has said, the question is not whether or not we shall have health insurance, but whether or not we shall attempt to control what is now here and in prospect.

We shall control health insurance by getting it into our own hands, and shall make it a success if we know how to operate it. Let me repeat the

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statement that the Committee on the Costs of Medical Care does not ap prove of handling the problem through the agency of the insurance companies.

Our immediate problem is to urderstand the report, discuss the prob lems involved freely, and arrive at a conclusion as to the best methodi of bringing the other agencies involved. in medical care and laymen into the picture.

The chief diffculty that confronts us now is lack of specific information, for the Pacific Northwest, regarding "the ability to pay for medical cate," "the credit performance of the low wage group," "the economic facts surrounding physicians, hospitals and nurses," and "collected experience facts (actuarial and managerial) regarding the conduct of an insurance business."

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# NEXT REGULAR MEETING TUESDAY JANUARY 

17th, 1933

Well, here we are again at the end of another year; and what a year this turned out to be! Looking backward in general we find we were generally looking backward. The events that stand out most vividly and impressed themselves most pleasantly on our minds were those two or three occa. sions when some aflluent patient gave us a check for services to date, in full; we mean the check in full, not the patient. Oh Yeah, you don't believe the "Baron" received any checks? Were you there, Charlie?

We saw Dr. Lawrence Hanson in town recently. He has finished his post graduate work in Oral Surgery at Northwestern and has a year in. temship at Cook County Hospital in

Chicago. He'll make good. We envy this additional training and to be taking it at this time is good judg. ment. But here's the catch. He went and got himself all married. Well, anyway, the intern idea is good judg. ment. "Twas ever thus.

This new Technocracy thing is a "racket" with plenty of angles, some of which we can readily subscribe to. For instance: they propose to give $\$ 10,000$ a year for a four hour day job. Of course, that means a semiskilled worker running a machine, not a professional man. In the first list of applications for this job you will find the names of 96 dentists from Tacoma, Washington.

Anyway, there is one good thing this year. Remember the old days when we used to fear a nervous breakdown from overwork? The good old days!
"Boost and the world boosts with you";
Knock and you're on the shelf; For the world gets sick of the one who kicks

And wishes he'd kick himself.
Besides, you can't have everything: if a man were to marry a pretty gir! and a good cook he'd be arrested for bigamy.

Well we'll be seeing you on the 17 th.


## TACOMA DENTAL ASSISTANTS

On the evening of December first Mrs. Weinhart and Mrs. Sherman made a trip to Seattle for the regular meeting of the Seattle Society. The object of this trip was for Mrs. Weinhart as trustee of the ninth district to cement her friendship with her neighboring constituents.

The dental anatomy class is holding interest very closely. Several out of town doctors have dropped in from time to time and Mrs. Weinhart has displayed the work, and they consider the results as good. On December 8 Dr. Paul Lewis of Seattle visited the regular meeting and offered constructive criticism. When the work is completed there will be a showing in its entirety.

Foresight and preparedness are two great assets. The Society is striving for both-in looking forward to send. ing Mrs. Weinhart to the National convention next fall, and earning the money to send her. This will be a nice plan to put Tacoma across, and we hope she may return by the south-

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ern route and meet the members of the southern Societies.

On December 15 the Society held its annual Christmas party at the home of its secretary, Miss Katherine Browne of Dr. McGovern's office. Such a beautiful Christmas tree with gifts for all. The pleasure of the evening consisted in the new indoer sport-Jig.Saw puzzles. The supper was carried out in the Christmas col. ors.

The Dental Assistants are breaking. into print in a big way. They now have their own National Publication, called the Dental Assistant. We would all like to subscribe to this mag. azine, but if that is impossible, where different members are in the same building, it is urged they go in to gether on a subscription as there are many helpful and worth while things in its pages.

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## NEWS ITEMS

Dr. Horace J. Whitacre, representing the Tacoma Chamber of Commerce, attended the keel-laying ceremony for the U. S. Destroyer Worden, at Bremerton on December 29.

Drs. A. J. Bowles and A. H. Peacock of Seattle, and H. J. Whitacre of Tacoma, addressed the Grays Harbor Medical Society on December 21. Their subject was "Medical Economics."

Dr. Josiah S. Davies has been confined to the Washington Minor Hospital for the past few days, for a mild gall bladder disturbance. He is progressing very nicely, and will be able to return to work in a few days.

Dr. Horace J. Whitacre, who has just completed a very successful year as president of the Tacoma Chamber of Commerce, has been elected to the

Board of Trustees of the Chamber, to hold office for a period of three years.

Dr. W. B. Penney has been elected chairman of the Civic Affairs Committee of the Chamber of Commerce for the coming year.

A group of young doctors, including Drs. Duerfeldt, Goering, Schultz, Niethammer, Kyle, Drues, Warren and Martin, are taking weekly workouts at the local Y. M. C. A., engag. ing in handball and volleyball. Doctors can soon be represented in tournaments, judging from their progress.

Mrs. Horace J. Whitacre, past president of the Woman's Auxiliary to the Washington State Medical Association, has been recently elected first vice president of the Woman's Auxiliary to the American Medical Association, the national organization.

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## Bulletin

## EDITORIAL

(Continued from Page 2)
finds himself with many a spare hour, not occupied by his professional work.

With fewer patients, however, the opportunity presents itself for a more careful and complete study of each individual patient, a more searching and comprehensive history, a most thorough physical examination, with a resulting diagnosis which will benefit both doctor and patient. Then too there are the many interesting older cases to be gone over with a study of them in the light of the current literature.

For relaxation and enjoyment as well as cultural reading the field is vast and varied. Aside from biography, history and the best fiction, there are those sciences, which are closely allied to medicine with which the public expects his doctor to be somewhat familiar. The study of medicine itself, in its various aspects opens up brilliant views for thought and reflection.
As we leave the old year behind and enter into the new, may it not be a good resolution to learn more of the history and development of the practice of medicine and surgery, to become more familiar with the lives of her great teachers and leaders, to

enjoy the romantic successes of many of her devotees and to appreciate the heroic lives of those workers who gave themselves that we may carty on?
:-:-:-:

The Puget Sound Academy of Ophthalmology and Oto Laryngology held its regular meeting December 20, 1932.

The following clinical cases were presented:

Traumatic Cataract, Dr. J. A. Johnson. Recurrent Retinal Hem orrhage, Dr. D. H. Bell. Coloboma of Iris, Retina and Optic Nerve, Dr. A. W. Howe. Trachoma, Dr. Drues. Retinal Detachment, Dr. W. G. Cameron. Dr. Perty of Seattle read a paper on The Modern Operation for Cataract. This was discussed by Dr. H. V. Wurdemann, Dr. Frank Chase, Dr. J. Davies and Dr. Walter Cara. eron.

Preceding the meeting, dinner was held at the Tacoma Hotel. Seventy five members were present.

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## TACOMA GENERAL HOSPITAL

Dr. Milo T. Harris, a recent Fellow at the Mayo Foundation in Rochester, Minnesota, whose work there was restricted to diagnostic and therapeutic XRay in conjunction with the application of radium, took charge of the X-Ray Department of the Tacoma General Hospital, January 1, 1933. He will be employed full time in the duties of this department. His recommendations from heads of the various departments in which he worked have been uniformly excellent.

On Friday evening, December 23, the student nurses gathered in the reception room of the Nurses' Home for a Christmas frolic. A huge tree, prettily trimmed and lighted, added to the festive appearance of the large, attractively decorated room. For the entertainment of their guests, who included Miss Signe Wold, Director of Nurses, and her staff, Christmas carols were sung by the student body, and a short play, Christnlas readings and a pseudo-broadcast were given by members of the training school. Refreshments were served after a Christ, mas fairy had distributed the ten cent gifts, which caused much merriment.

The first semester of classes at the Tacoma General Hospital School of Nursing is now completed. After the Christmas vacation the second semester begins, finishing for the upper classmen the first part of May and for the others the first part of June. Capping exercises for the new class will be held January sixth wher

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twenty more cap nurses will be added to our roll.

We wish to thank the following doctors for their lectures now completed: Dr. Nelson to the Seniors on Surgery of the Nervous System; Dr. Trimble to the Seniors on First Aid; Dr. Clay to the Intermediates on Pediatrics; Dr. Janes to the Intermediates on Medical Diseases; Dr. Maddison to the Intermediates on Endocrinology.

We appreciate the efforts you put forth in our behalf and your prompt and regular attendance at classes, and we want you to realize that we de. rived a great deal of benefit from your lectures. Thank you!
The Alumni Association and the Student Body were privileged this month to see the Davis and Geck film "The Relation of Absorbable Sutures to Wound Healing". It was not only instructive but very interesting as well to all who saw it. We are indebted to Dr. Rich for the use of his projector and to Dick Rich for operating the machine.

More shelf space has just been ad. ded to the School of Nursing library. At present we have 381 volumes of reference books on nursing subjects which are used by the students in connection with their lecture courses. These books are now being rearrang. ed and made more available for use.

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FIG. 2. This can of Dextri-Maltose was opened for one-half hour to approximate conditions under which accidental contamination appeared in sylup at left. To make the test more severe, the DextiMaltose was also heavily inoculated with a microorganism which had previously produced thick growth in syrup. The can was then closed and not opened for 40 days, at which time no growth was visible. Later, the can was opened 4 or 5 times for a-total exposure of about 1 hour, without the slightest evidence of growth.

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As a more stringent test, syrup was inoculated with the pathogenic thrush organism. A thick mold growth developed and the inoculum grew after 17 days. In sharp contrast, Dextri-Maltose inoculated with the same strain was entirely free from growth. These tests were conducted in a modern bactejiological laboratory. Considering that the thrush organism and other molds grew so repidly in syrup
under these conditions, how much greater is the chance for contamination in the ayerage household where the syrup can would be opened at least once dailyI Therefore, because carbohydiate preparations in syrup form not only ettract inisects and dust but also offer a fertile field for the growth of fungi, we shall continue to supply Dextï! Maltose only in powder form.

## PIERCE COUNTY NURSES' ASSOCIATION

The January meeting will be held in the Medical Arts Auditorium on Monday, January 9, which is the sec ond Monday, because of the holidays. After a short business session Mrs. Overton G. Ellis will speak on "In" ternational Relations." Mrs. Ellis is a very interesting speaker and has much knowledge of her subject. She served on the Internationa! Peace Commission which met in Europe in 1932.

Miss Irene Slade has been placed again in the President's chair by an overwhelming majority, popular vote. We are glad of it; there is much work to do this year and now we know that it will be done.

## EXPLOITATION OF THE MEDICAL PROFESSION

Everywhere it is rampant-news, papers, 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."

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

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So long as medical men tacitly encourage the present trend, so long will serious inroads continue to be made into private medical practice. When more physicians specify MEAD'S Products* when indicated, more babies will be fed by physicians because Mead Johnson © Company earnestly cooperate with the medical profession along strictly ethical lines and never exploit the medical profession.

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## TACOMA INTERNISTS' SOCIETY

At the meeting of January 17 Dr. John F. Steele will read a paper on "The Use of Ouabain and Scillaren in the Treatment of Heart Disease."

## STUDY CLUB AND STAFF MEETINGS

Tacoma Surgical Club_--January 23 Tacoma Urological Society January 17
Tacoma Internists' Society January 17 Tacoma Anatomical \& Pathological Society_January 19 and February 2 Puget Sound Academy of Ophthalmology \& Otolaryngology -January 17
Tacoma General Hospital-
Monthly staff meeting_February 7
Thursday morning clinics-----January 12, 19, 26 February 2
St. Joseph's Hospital-
Monthly clinical meeting
February 6

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COMMUNICABLE DISEASES OCTOBER, 1932

Chickenpox -------------------69
Measles _------------------------ 2

German measles ...-................ 1

Whooping cough -------------- 3

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PIERCE COUNTY MEDICAL SOCIETY Medical Arts Building Auditorium8:15 P. M.
FEBRUARY 14
The Physiology of Menstruation and its Appli-cation in the Treatment of Menstrual
Dysfunction

$\qquad$
Dr. C. W. ..... WhitakerDiscussion opened by_-------_Dr. D. H. JohnsenThe Relation of Menstruation to Nervous and
Mental Disease. Dr. Willian Dietz
Discussion opened by- ..... Dr. A. C. Stewart
Presentation of Two Cases of Scoliosis ..... Dr. E. A. Rich
EEBRUARY ..... 21
Joint meeting with Tacoma District Dental Society. Seepage 7 for particulars.
FEBRUARY ..... 28Program supplied by Tacoma Neurological SocietyPyelography ------------------Dr. Clyde MagillTransurcthral Prostatectony_-_-_Dr. C. F. EngelsDr. H. S. Argue
Gencral Discussion
TACOMA DISTRICT DENTAL SOCIETY Medical Arts Building Auditorium 7:30 P. M.
FEBRUARY 21Regular raonthly meeting; followed by joint meet-ing with Pierce County Medical Society. See page7 for particulars.
Auditorium Telephone Broadway 3166
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| tis | $\left\{\begin{array}{l} \text { Dr, W. C. Paul } \\ \text { Dr. C. F. Engels } \\ \text { Dr, E. C. Yoder } \end{array}\right.$ |

## EDITORIAL

In discussing the costs of medical care most writers base their opinions upon a wholly inadequate survey of the actual facts. They will cite a case in which sudden serious illiness has come to one of the members of a fam. ily whose income is small.

The patient is treated by his family doctor, examined by several highpriced specialists and is then sent to a hospital. There he is attended by special nurses, laboratory tests are made, and he is operated upon by a surgeon who renders a large bill for his services.

The total cost of all these services comes to a staggering amount and the head of the family finds himself deep in a gulf of debt in an attempt to meet these extraordinary expenses. He
must pay out all of his little savings, mortgage or sell his home or have allit his future efforts to succeed in life impeded by his struggle to pay for that one serious illness.

Having painted this gloomy picture, with the inference that it rep. resents the lot of the average man of small means, the writer proceeds to reason that the costs of medical care are too high and that only the rich and the very poor, who go to charity hospitals, are receiving proper and adequate medical treatment. He says that the great mass of small wage earners who make the bulk of our population are not receiving from the medical profession the service to which they are entitled and that state medicine, universal health insurance or some similar socialistic measure is the only way to bring relief.

Such fallacious reasoning permeates almost every address or writing on this subject by those who advocate a change in those relations between doc tor and patient which are the result of centuries of experience.

In thinking of the sick and afflicted one must think of humanity itself and not forget the well and healthy. Numberless families have grown to maturity without serious illness affecting a single member. Scores of men and women in the prime of life or aged have never had an operation or been confined to bed by sickness.

The larger part, by far, of the doc tor's practice consists of treating relatively trivial ailments. Indigestion, colds, coughs, mild infections and minor injuries occupy most of his time. Most pregnancies are normal. Even the surgeon devotes the greater part of his day to caring for minor ills. Operations and serious sickness are the exception with all doctors and not the rule.

It is in this daily contact with his people, in doing the little things, thatthe physician does his best work and

[^1]

## BACTERIOPHAGE

"Will bacteriophage prove the ideal wound treatment?" asks Albee in his paper in the American Journal of Surgery for February, 1932. While bacteriophage therapy is in its infancy and has been used with varying degrees of success because of certain difficulties incident to its use which have not as yet been overcome, about twelve hundred papers dealing with this fascinating subject have been written, and many reports of its sue cessful use have been made. At all events, a consideration of the phenomenon opens up vistas of thought that may lead to important develop. ments.

One of the most intriguing of pas times is going back to the inception of an idea to see what it was that first brought that idea into someone's mind. The history of the bacteriophage has its beginnings in India, where a bacteriologist, Hankin by name, working in the laboratories of the British Government, noticed that the waters of the Ganges and Jumna Rivers at certain places contained a substance that killed the cholera microbe. Despite the artless habit of the natives of washing themselves, their clothes and their animals and consigning the half-burned bodies of their dead to the Ganges and Jumna, microbes were much rarer in these waters than in similar European rivers.

Though he did much painstaking experimenting Hankin did not discover the nature of this bactericidal sub. stance and his work was forgotten, as is usually the case, until someone else began to work where he left off. In

1915, Twort, of London, forged the second link. Two years later d'Her, eile, working in the laboratories of the Pasteur Institute, published findings on an invisible microbe antagonistic to the dysentery bacillus.

On one side we have today d'Her, elle's idea of an ultra-microscopic or ganism parasitic on bacteria-a kind of "little flea which the big fleas have to bite "em"-and Bordet's belief that the lytic principle is of a diastatic nature.

Be that as it may, your library offers these articles, in the hope that they may be of interest:

Will bacteriophage prove the ideal wound treatment? Fred H. Albee; American Journal of Surgery 15:228. 236, February, 1932.

Bacteriophage in the treatment of osteonyelitis, E. C. Bagley; Minnesota Medicine 15:597-601, September, 1932.

Bacteriophage as therapeutic agent in infections of the urinary tract, E W. Schultz; California \& Western Medicine 36:33, January; 91, Febru: ary, 1932.

Use of bacteriophage in pyodermia, A. C. Cipollaro; Archives of Dermatology \& Syphilology 25:280-293, February, 1932.

Bacteriophage in surgery of the colon and rectum, E. Rixford; Annals of Surgery 94:640.647, October, 1931.

Treatment of pyelitis in infants and children with B. Coli bacteriophage, G. M. Cline; Illinois Medical Journal $60: 245-247$, September, 1931.

Use of bacteriophage in staphylo. cocci infections, A. A. Janson; Mli-

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## Low Backaches in Women

W. Weldon Pascoe, M. D.

Although it is interesting from a purely academic viewpoint to present, discuss and theorize on a tare symptom or finding, it is, after all, a fact that the success or failure of medicine and surgery rests, in the main, on the results of treatment of the common, ordinary, everyday conditions.

This fact is the justification for the presentation of a review of the causes and mechanism involved in the production of low backache in women; it is a symptom that is always with us, frequently incorrectly or incompletely diagnosed, and ail too rarely cured or sufficiently relieved to satisfy either doctor or patient.

This paper will deal with back. ache in women only, and will concern itself with the symptom as it appears in the lower back, as it is in this location almost exclusively that gynecological conditions enter into the differential diagnosis.

What are the causes of low back. ache in women?

They are legion, but for our purpose we will group them under five heads:
(1) Functional,
(2) Postural,
(3) Orthopedic,
(4) Urological, and
(5) Pelvic.

Although this paper will be largely devoted to the last group, for the purpose of clarity, we will brielly discuss the others.
(1) Functional backache, to quote Henry Alsop Riley, "The object of all functional disorders is to get something for the patient which she desires and is unable to obtain by other means, i. e., the disorder has a real 'asset value'; it is a defense mechanism against a real or imaginary hos-
tile environment. To reduce it to an equation: (1) desire pius inadequate resources plus normal health=failure; while (2) desire plus inadequate resources plus abnormal health=success. It is not our intention to indicate that this group comprises a large percentage of the total number, but it is the sole cause in some, an aggra. vating factor in many, and explains a fair proportion of partial cures and a larger proportion of recurrences."

Functional backache should not be confused with malingering; in the first, the patient has really convinced herself that she is sick, but the malingerer is fully aware of the fact that she is a fraud.
(2) Postural backache - here, we are dealing with a larger group. Posture in both sexes leaves something to be desired, but many factors which do not obtain in men, have combined in women to both initiate and exaggerate this abnormality. Of all these factors, pregnancy with its accompanying change in center of gravity and its resultant laxity in abdominal wall is the most potent, but sedentary occupation, with an almost total lack of balanced exercise, high heels, poorlyfitted abdominal supports, and what we know as the debutante slouch, are responsible in no small degree. The effect of intrapelvic conditions on posture will be discussed later.

Neglect of recognition and proper treatment of postural defects doubtless explains many partial failures when other treatment has removed the primary and main cause.
(3) Orthopedic conditions without doubt are the basic cause of the symp. toms in a definite proportion of women who present themselves for gynecological treatment.

In reviewing many series of cases from gynecological clinics we find
backache in this location proven principally orthopedic in five to fifteen percent.
(4) Urological conditions, although mainly concerned in backache higher than the lumbosacral junction, doubtless do account for some of the aches in this and the sacral regions, and no patient has been fairly dealt with unless sufficient history has been taken and examination made to rule out urinary conditions or prove them as the principal or aggravating cause.
(5) Coming, now, to backache of purely gynepathic origin, we will consider it by attempting to answer four questions.
(1) How do intrapelvic conditions produce the symptom?
(2) With the mechanics claimed, what varieties of pelvic pathology are reasonable causal factors?
(3) What is the rationale in treatment?
(4) Are the conclusions justified by the results?

Answers:
(1) It is commonly accepted that low back pain in women, of pelvic origin, is caused indirectly by many conditions but directly, by only three factors; these direct causes are congestion, pressure and muscle spasm.

That congestion, per se, can account for this symptom is most simply proven by the back pain which is present just prior to and during men.
struation in a large percentage of women. It is a complaint in numberless women who have it at no other time and who are physically, mentally and temperamentally normal.

The pressure factor is easily accepted when we remember the severe sacral pain shown in pregnancy with an incarcerated uterus, which pain is almost totally relieved the instant the uterus is restored to its normal position.

The third direct cause, viz: muscle spasm, without doubt, plays the major role. Examples of tonic muscular contraction or rigidity as a protection to related structures are numerous; a cinder in the eye will produce a spasm of the related muscles, a bony fracture is always attended by muscular spasm, and what doctor has not seen rigidity of the right abdominal muscles in appendicial infections? In no part of the body is this protective mechanism more consistent than in the muscle groups which control the pelvic tilt.
The lumbar region is the most movable, if not most moved part of the spine; forty-four percent of its length is composed of intravertebral disks; the lumbo-sacral joint is the most important weight-bearing hinge in the entire column. The movement of the entire structure is controlled by the lower segments of the erector spinae and ilio-psoas muscle groups.
In the infant, the long axis of the

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abdomen is practically continuous with the axis of the pelvic inlet, but as the individual grows older, there appears a divergence in the two axes until at adult life, it is well marked; whether or not this is because we were constructed to function as quadrupeds and developed as bipeds is immaterial-the fact remains that the tilting of the pelvis due to muscle action is the only efficient means we have of preventing intra-abdominal pressure being transmitted without reduction to the pelvic contents. This reduction, according to Noble, is material, eighty millimeters at the pelvic brim, becomes sixty millimeters at the cervix; forty millimeters in the vagina and twenty millimeters at the vulva. Both in inflammatory pelvic conditions and weakened pelvic floors, the advantage of such reduction is obvious.

Now, admitting that pain in the

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low back of pelvic origin is due to three factors, what varieties of pelvic pathology may be the indirect cause?

It is noted that we said "may be" the cause; the reason being that some patients may show all three factors, and still be symptomless; the only possible explanation of their apparent comfort is the possession by the patient in question of an abnormally high pain threshold, and that has never been satisfactorily explained.
( To be continued in March issue)

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## SPECIAL MEETING

On Tuesday evening, February 21, at $8: 15$, the Pierce County Medical Society and the Tacoma District Dental Society will meet jointly in the auditorium in the Medical Arts Building. This will be a get-together meeting, to foster good fellowship and to consider matters of vital interest.

Lunch and entertainment No charge

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# TACOMA DISTRICT DENTAL SOCIETY 

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> Bulletin Editor

Dr. A. O. Simons

Next meeting to be February 21, same time, same place and same highclass program we had last time. Names and subjects to be announced later. Our program committee sup plied an excellent meeting last time and promise to keep up their "batting average."

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Last month we forgot to extend New Year Greetings and somehow they seem a little flat at this time. Imagine if you can-"Wishing you continued prosperity-etc." There have been depressions, hard times and panics and then there was Jamuary, 1933. Speaking of anchovies; busi. ness in the Washington Building was awfully good last month. We use "awfully" advisectly.

## *

Drs. Baker and Vieth packed their satchels and went down to the old Alma Mater this week end, which just goes to show we too should have saved our money when we were young.

That meeting in Seattle on the 1th of February sounds very good. Those of us who heard Mr. McDowell before will be glad to hear what new "slants" may have come up concern ing socialized dentistry, etc. He knows.

Dr. Peterson is graduating from McKinley Hill to the Washington Building. Guess he wants to get in our card and ping pong games.

Dr. McCarthy figures dentists are the world's best jig'saw puzzle work. ers or at least they should be.

Don't forget the neeting February 21 st.

## TACOMA DENTAL ASSISTANTS' SOCIETY

On December 11 Mrs. Weinhart made a trip to Portland to meet the Dental Assistants' Society there. The Orange Lantern was the meeting place for dinner and sixteen members were present. It was a jolly and worth while get-together.

Remember March 23-that's our luncheon date at Fisher's, and we want to begin dating our friends in plenty of time.

Every Thursday night at 7:30 in Dr. Fisher's office is the meeting of the Dental Anatomy class. The work is intensely interesting and if any one has not kept up with the work they are welcome to drop in any class night they have the inclination.

February 2, at 6:30, at the Modern Inn, the Tacoma Dental Assistants will have a dinner and White Elephent Auction Sale.

Dr. Rowland W. Hill will speak on Pre-School Dentistry.

The details of the program will be managed by Katherine McDonough.

White Elephants according to the Associated Press sell on today's mar. ket for as high as $\$ 5,000$. Bring all the cash you can, girls.

## "CREDIT CAPACITY EQUATION" PLAN

Presented by Physicians' and Dentists' Business Bureau

It is common knowledge that the national credit structure has broken down, and that reduced incomes and unemployment hạve created a habit of poor credit performance. The old methods of credit granting have proved themselves unable to meet the situation and the result has been a gradual increase of unpaid bills and sexvices rendered as charity to persons who could avoid the stigma of pauperism if they were aided in credit limitation and budgeting.

It was intended that the Business Bureau should render this service. However, the Bureau is at present only able to act after accounts have been assigned to it for collection. It is therefore unable to prevent the initial abuse of obtaining care without the means or reasonable intention of payment. To accomplish this purpose it is Decessary for the Bureau to provide a means of detecting bad credit risks and dishonest intentions at the time of the first offense and before advantage is taken of a second doctor.
It has clearly been shown by the cest of medical care studies and others that income is not a valid standard of credit performance. In addition to income, the factors of character and habit and other socio psycholog. ical factors must be considered. This conclusion has been adequately sup. ported by recent trends in retail credit and banking practice. It now seems clear that the present economic situa-

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tion demands better credit supervision if further misfortunes are to be prevented. The medical profession will not be exempt from this requirement.

During recent months, the Business Bureau has occupied itself to a considerable extent with studies and experiential statistics in connection with the classification of its accounts into credit groups. It was this work which led to the formation of the phrase, "Credit Capacity Equation". By this was meant the equation or group of factors which interact to produce the response of the debtor to his obliga. tions. In other words, the man's credit capacity equation is his habit or attitude toward debt as acted upon by circumstance.

A method for dealing with this problem has now been worked out. The following details are a descrip. tion of this method and an outline of the means for putting it into effect.

The bureau now has in its files the names of approximately ten thousand persons, together with credit experience concerning them. These names are taken largely from unpaid and delinquent accounts in doctors' offices. The first step will be to expand this list to include all the names of unpaid accounts on the books of the medical and dental professions. There will be some clerical labor required to obtain these names, and the most practicable method appears to be to ask the doctor or his assistant, at the
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time that monthly statements are made, to make a list of those persons who have been on the books over thirty days without payment. It will only be necessary for this to be done once for each doctor. These names will be assembled in the Bureau office and a file made up alphabetically for them,

There will be one card for each name. This card will include the name of the debtor, address, former addresses, credit information, the amounts owed to each doctor in code, and a digest of retail accounts.

The doctor's name will not appear on the card and the original list will be returned to the doctor so that no one could identify any account for any individual doctor except by the code. The doctor will have the orig. inal list in his possession and will be assured that the names on his books could not be obtained by anyone else. As there will be thousands of these cards filed by name, no bureau employee can pick out the accounts for any particular doctor except by weeks of labor.

As soon as the initial list is com pleted, the names will be cross checked to discover duplicates and forgeries. (These are very common.) The cards will then be checked against the records of the Retail Credit Association of which the Bureau is a member, and against the city and county legal records to discover suits, divorces, con-

ditional sales, etc. By this means a classification will be obtained, and the probabilities of payment determined on each name. A digest of this information will then be entered on the list which was sent down from the doctor's office, and the list returned to him.

The doctor can then, by reading the returned list, post himself on the financial rating and probable paying capacity of each of his patients. He will then be able, for the first time, to take adequate steps to assure himself of payment from those persons whom he does not wish to serve as charity, and even to distinguish between de serving and undeserving patients.

At the beginning of each successive month, the dotcor will send down a list of those names not reported before who had entered his books and become thirty days old without pay. ment. He will also send a second list of persons previously reported who had made a payment. By thsi means, the Bureau file will be up to date, and monthly reports made on the doctor's original lists will keep him continuously informed on all his accounts.

The use of this service will not obligate the doctor to send any additional accounts to the Bureau for collection. The service is merely for the purpose of informing the doctor of the credit condition of the accounts in his files which he has not assigned to the Bureau for collection. In order that the information compiled in the Bureau records may be kept from reaching the hands of the Bureau's competitors, it will be necessary for the doctor to forward accounts to the Bureau only, while using the credit service.

The services of the Bureau are now divided into two groups-the collec tion service which is operated on a commission basis, and the service department which includes, the other services of the Bureau, and which iss operated upon a monthly fee basis of.
$\$ 3.00$ for physicians and $\$ 1.00$ for dentists. The use of the new service will be offered without additional charge to those members who have subscribed to the other Bureau services.

The service will be available March 1st, and the Bureau will be prepared by February 25 th to begin work on lists sent down from doctors' offices.

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## WHO SAYS THEY CAN'T PAY?

Letter received by Business Bureau following a $\$ 40.00$ settlement:
"You may thank Dr.....------_for me, and I also thank you folks, as you have been very nice to me in regard to this account and I will always have a good word to say about the doctors and their Business Bureau."

Yours truly,

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## EDITORIAL

(Continued from Page 2)
makes his friends and his lasting reputation. Here the art of the practice of medicine finds its best expression. By his mere presence he brings cheer into the sick room and a reassurance to those who have anxiously awaited his coming. He brings with him comfort and sympathy for those who suffer and relief for those who are in pain.

Can his place be filled by a hospital staff, a clinic or a panel?

The Committee on the Costs of Medical Care has rendered its report. It gives a mass of statistics and information. The majority and minority reports sharply disagree upon any program which will receive the support of united medicine.

Let us hope that any future change will strengthen and cement and not weaken the intimate, personal, confdential relations between the patient and his doctor.

## TACOMA GENERAL HOSPITAL ADOPTS BABE

What a mean old trick when depres. sion hit
And took it's revenge on a baby.
In a mouse gray house with no fires built
And no one who thought to bring in some milk
For the blue-eyed miniature lady.
But this is a trick where the cards play both ways
And this time are dealt for the baby.
Our hospital stoops to hold out its hand.
"We'll gladly adopt the wee lady."
And she will be cared for, and she will be fed
And rest with a pillow under her head.
No unhappy tears will our little one shed
As she lies in her clean little nursery bed.

And she can feel safe as she lies in her crib
That no little bugs will at her take a nib.
For over ten weeks we've not had one rash
Each tiny bug has been beaten with lash.

And so we say, and we're not being rash,
Our nursery is safe for a baby.
But she won't mind wamth and she won't mind fresh air,
Not even the class room where bold nurses stare.
And no impetigo could make this babe shudder
For you see-she is made of the very best rubber.

Alice Morgan
Student Nurse

## NEWS ITEMS

The Tacoma Surgical Club will hold its annual scientific session and dinner on Saturday, April 8, 1933. An intensive program, consisting of anatomical demonstrations, brief discussions pertaining to important vascular conditions, and lectures, will make this a valuable clinic, and all physicians and surgeons are urged to attend. The morning session will be devoted to anatomic, pathologic, diag. nostic and technic demonstrations relative to the circulatory system, and will be held at the Tacoma General Hospital. The afternoon session, consisting of papers and discussions, will take place in the Medical Arts auditorium. The annual dinner will be at 6:30 p. m., at the Union Club.

The Surgical Club has been extremely fortunate in securing as guest speaker Dr. Envile F. Holman, Professor of Surgery, Stanford Univer-sity-a man of national repute, and well versed in the knowledge of the circulatory system.

Because of the fine symposiums in the past, friends of the club will look forward to the 1933 meeting, and a record attendance can be assured. A complete program will appear in the March issue of the Bulletin.

Many of the local doctors attended the annual meeting of the Seattle Surgical Club, held January 27 and 28. They all reported a fine scien-

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tific meeting, and were enthusiastic in their praise.

Drs. Wm. H. Goering and W. A. Niethammer presented papers on "Arthritis" and "Liver Function," respectively, before the Thurston-Ma. son Medical Society on January 27.

Dr. H. J. Whitacre addressed the annual meeting of the Tacoma Public Health Nursing Association on January 23. His subject was "The Sickness Problems of the Average Worker."

Dr. Edward A. Rich attended the clinical meeting of the American Academy of Orthopedic Surgery, held at Chicago September 9, 10 and 11. He reports a very interesting and instructive meeting. While in Chicago Dr. Rich took the opportunity of going through the World's Fair grounds.

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Avenie

Dr. and Mrs. Charles D. Hunter are spending several weeks in Tuczon, Arizona.

Dr. and Mrs. Karl S. Staatz are being congratulated upon the birth of a son on January 26.

Dr. Grant S. Hicks is back in his offce after a vacation trip to California.

Dr. E. F. Dodds and Dr. S. M. Creswell spoke upon the work of the County and City Health Departments, respectively, before the Woman's Auxiliary at its meeting of December 12 .

Dr. Charles S. Pascoe has just returned from the East, coming home by way of Southern California. Dr. Pascoe did special work in Chicago, New York and Philadelphia.

Dr. and Mrs. E. C. Muir are receiving congratulations upon the birth of a little daughter.

Dr. R. H. Beach has just returned from a meeting of Northern Pacific Chief Surgeons at Glendive, Montana.

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## LIBRARY

(Contimued from page 2)
nois Medical Journal 60:334-338, October, 1931.

Septic cavernous sinus thrombosis: two cases with recovery following bacteriophage therapy, B. F. Stout; Journal of Laboratory $\xi^{3}$ Clinical Medicine 17:28-39, October, 1931.

Bacteriophagy and recovery from infectious diseases, F. d'Herelle; Canadian Medical Association Journal 24:619-628, May, 1931.

Filter passing transmissible bacteriolytic agents, F. W. Twort; Lancet 2:1064-1067, November 15, 1930.

Use of bacteriophage filtrates in treatment of suppurative conditions; report of 300 cases; T. B. Rice; American Journal of the Medical Sciences 179:345•360, March, 1930.

## TACOMA UROLOGICAL SOCIETY

The regular meeting of the Tacoma Urological Society, was held on Jan. uary 17 at $8 \mathrm{p} . \mathrm{m}$.

The meeting was called to order by the president, Dr. Doe.

The program consisted of a paper by Dr. C. F. Engels, on trans-urethral operations for bladder neck obstruction and was followed by a general discussion of the paper.
H. S. Argue, Sec'y.

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## TACOMA INTERNISTS' SOCIETY

At the meeting of the Tacoma Internists' Society on February 21 the following program will be presented: Diabetes mellitus_._Dr. W. B. Perney Skin manifestations in diabetes mellitus Dr. S. E. Light S. M. Creswell, Sec'y.


## TACOMA ANATOMICAL AND PATHOLOGICAL CLUB

The last few meetings have been spent in purely experimental and laboratory work. The circulation is being studied and methods of injection of the vascular system are being worked out. Several more meetings will be devoted to the same line of work.
W. H. Goering, M. D., Sec'y.

$$
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$$

## TACOMA GENERAL HOSPITAL

## Your Meetings

Regular monthly medical staff meetings first Tuesday of each month at $800 \mathrm{P} . \mathrm{M}$.

Regular weekly tumor clinics each Tuesday morning, 9:00 A. M.
Regular weekly medical clinics each Thursday morning, 9:00 A. M.


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Pierce County Hedicsl Society
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Tacoma，誛ash。

## COMMUNICABLE DISEASES

December， 1932
Smallpox ..... 3
Tuberculosis ..... 5
Cerebrospinal meningitis ..... 1
Measles ..... 2
Chickenpox ..... 57
Scarlet fever ..... 12
Mumps ..... 2
STUDY CLUB AND STAFF MEETINGS
Tacoma Surgical Club ..... Feb． 27
Tacoma Urological Society（withPierce County Medical Society）Feb． 28
Tacoma Internists＇Society ..... Feb． 21
Tacoma Anatomical © Pathological
Society ..... Feb． 16 and Mar． 2
Puget Sound Academy of Oph－thalmology 83 Otolaryngology．－
Tacoma General Hospital－Monthly staff meeting＿－＿－＿Mar． 7Thursday morning clinicsFeb．9，16， 23 and Mar． 2

Tumor clinics（morning）．－．．．． Feb．14， 21 and 28

## St．Joseph＇s Hospital－

Monthly clinical meeting＿－＿Mar． 6 County Hospital－

Monthly staff meeting Feb． 24

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## BULLETIN of the Pierce County Medical Society and Tacoma District Dental Society

VoL. III

## IMPORTANT NOTICE!

Please see page 6 for announcement of Dr. Fishbein's visit.

## $\mathbb{P} \mathbb{R} \bigcirc \mathbb{R} \mathbb{R} \mathbb{R} \mathbb{S}$

## PIERCE COUNTY MEDICAL SOCIETY

Medical Arts Building Auditorium
8:15 P. M.

MARCH 14
Why Are We Facing So Many Serious Problems
in the Nursing Profession Today? -.-Marie Elsasser
Modern Conceptions of the Biological Basis of
Heredity
_- Prof. J. R. Slater, College of Puget Sound

MARCH 28
AMERICAN LAKE HOSPITAL
B:15 P. M.
The program will consist of a mental clinic with presentation of cases by the hospital staff.

TACOMA DISTRICT DENTAL SOCIETY Medical Arts Building Auditorium 7:30 P. M.

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Dr. W. H. Goering
Dr. T. H. Duerfeldt
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Dr. W. C. Paul
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LDr, E. C. Yoder

## EDITORIAL

Through the disclosures in the examination of Charles A. Mitchell, president of the National City Bank, New York, another joins the growing ranks of those prominent leaders in finance and business who have be, trayed their trust. Recent events have revealed an amazing lack of knowledge and foresight, if not actual dishonesty, among those to whom the nation formerly looked for advice and leadership.
For several years the executives of big business and financiers have preached the doctrine of service to the people as individuals and as a nation. They have thus sought to jus. tify their own large financial rewards and the enormous power entrusted to their hands, but as the actual details come to light the underlying idea
seems to have been "Get the money: Honestly, if possible-but get it."

In looking about for a further fielid of action, big business is today trying, to invade the practice of medicine, through various schemes of clinics and health insurance. Rest assured they are not actuated by any altruistic desire to serve humanity but wish to take for themselves a goodly share of the doctor's income.
This idea of the exploitation of the medical profession permeates to a great degree through many of the measures of social welfare. The es tablishment of hospitals and clinics by industry and the mass treatment of large numbers of people at a very low cost is offered to their workers as a soporific to reconcile them to working at a bare living wage.

The near future is likely to show a remarkable change in the structure of our economic system. The rela, tions between capital and labor will undoubtedly be greatly altered. Huge aggregations of capital in the hands of individuals and corporations will be subject to closer scrutiny and large incomes and inheritances markedly reduced by confiscatory taxation. The man who works will receive a larger share of the rewards of industry and will be protected against loss of employment.

If the mass of humanity was as sured of continual employment and received an adequate return for its labor, the question of the cost of medical care would not be known. Medicine always has been able to regulate its costs to meet the needs of its people in the various walks of life.

Just now, when we are in troublous times and when the doctor, along with his neighbors, is struggling to get along on a very much reduced in come, comes the temptation to accept some of the many schemes presented to the medical man in the hope of gaining some temporary benefit.
(Contimued on page 11)


The February 15 issue of Surgery, Gynecology ©istetrics is of particular value, as it contains the proceedings of the 1932 Congress of the American College of Surgeons at St. Louis. Symposia on Cancer and Fractures are presented, with reports of conferences on Industrial Medicine and Hospital Standardization. Of special interest is a paper by Dr. H. J. Whitacre, who was one of the speakers at the conference.

Each year the American Journal of Surgery, which, by the way, enjoys the widest circulation of any periodical on our rack, presents a complete book serially. This year their offering is "Acute Intestinal Obstruction" by M. A. McIver.
Books recently purchased are Wurdemann's "Injuries to the Eye" and "Medical Care for the American People," the report of the Committee on the Costs of Medical Care.

You will now find the Texas State Journal of Medicine on our rack. The Texas Medical Society is sending its journal to all medical libraries in Washington, in return for which Dr. Smith is sending Northwest Medicine to the Texas libraries. This is one of the best of the state journals, and we are fortunate in being able to obtain it in this way.

## Fungus Infections

It is interesting to note, in looking up the history of mycology, that it had its beginnings long before those of bactericiogy. In 1677 the yellow spots on a roseleaf were examined through a lens and found to consist of fungi. It was thought that fungi arose from decaying matter by a pro-
cess of spontaneous generation. During the next hundred years and more various investigators gave accounts of their findings, but parasitic fungi of man did not attract attention until the beginning of the last century. The first important discovery was the thrush fungus and shortly thereafter the fungus of ringworm was found. Mycology continued to attract attention until the seventies and eighties of the last century, when the discoveries of Pasteur and Koch brought bacteriology to the fore and mycology was placed in the background. At the present time, however, the Iiterature contains much material about fungus infections, and your library offers the following references to those interested:

Fungus infections of the central nervous system, Waiter Freeman; Annals of Internal Medicine 6:595. 607, November, 1932.

Otomycosis, Walter J. Bristlow, Annals of Otology, Rhinology and Laryngology 41 :578-583.

Fungus skin disease and allergy; a Causal Relationship, J. L. Grund; New England Journal of Medicine 207:1187-1191, December 29, 1932.

Actinomycosis, F. T. Lord; Medical Clinics of North America 16:829844, January, 1933.

Systemic blastomycosis, T. S. Raiford; Bulletin of the Johns Hopkins Hospital 51:61-82, August, 1932.

Modern interpretation of mycotic infections of feet and hands, A. Strickler; Archives of Dermatology © Syphilology 25:1028-1040, June, 1932.
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## TACOMA SURGICAL CLUB

The Tacoma Surgical Club will stage its Annual Scientific Session on Saturday, April 8. The subject of the day of intensive study will be the "Circulatory System." The morning session will convene at the Tacoma General Hospital, the afternoon session will be held in the Medical Atts Building and the evening session at the Union Club.
The guest of honor will be Dr. Emile F. Holman, Professor of Sur. gery, Stanford University, San Fran. cisco. Dr. H. J. Whitacre is the Director in charge. The profession is invited. Below is the program:

## Morning Session

8:30 to $10: 30 \mathrm{a} . \mathrm{m}$. DEMON,
STRATION TO SMALL
GROUPS:

1. Circulation of the Neck W. A. Niethammer, M. D.
2. Circulation of the Upper Extremity__C. P. Gammon, M. D.
3. Lower Extremity
P. C. Kyle, M. D.
4. Abdomen
C. W. Whitaker, M. D.
5. Coronary Injections Anatomic Club 6. Kidney, Bladder and Prostate H. S. Argue, M. D.
6. Female Genitalia
A. L. Schultz, M. D. W. Weldon Pascoe, M. D.
7. Bones and Joints

Wm. H. Goering, M. D.
10:30 to 12:00 a. m. AMPHITHEATER DEMONSTRA. TIONS:
10:30 Arterial Suture
Edwin C. Yoder, M. D.
10:45 Sympathetic Ganglia
Burton A. Brown, M. D.
11:00 Ligation of Arteries_------
R. C. Schaeffer, M. D.

11:15 Circulation of the Brain F Pathology

Dale L. Martin, M. D
11:30 Arteriography
Milo T. Harris, M. D
11:45 Remarks Emile F. Holman, M. D

## Afternoon Session

Auditorium, Medical Arts Building Wm. B. McCreery, M. D., President
2:00 Aneurysm of Large Arteries Robert H. Beach, M. D.
2:15 A New Operation for the Shunting of the Portal Circulation in Hepatic Cirrhosis.Emile F. Holman, M. D.
2:30 Pulnonary Thrombosis and Embolism
S. F. Herrmann, M. D

2:45 Heart Surgery
H. G. Willard, M. D.

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3:00 Experimental Studies in Cardiac Enlargement (a) due to Hypertrophy; (b) due to
Dilatation
Emile F. Holman, M. D.
3:15 Genito-Urinary Bleeding --Charies S. Pascoe, M. D.
3:30 Bone and Joint Circulation... E. A. Rich, M. D.

3:45 Mesenteric Thrombosis Ross D. Wright, M. D.
4:00 Angioma
Sydney M. MacLean, M. D.
4:15 Vasomotor Diseases
Leo J. Hunt, M. D.
4:30 Control of Pain in Pregan. grenous Arteriosclerosis and Thrombo Angiitic Ischemia Emile F. Holman, M. D.

## Evening Session

6:30 Dinner-Union Club Toastmaster: W. B. McCreery, President
Address: Fundamental Prin. ciples Underlying the Sur, gery of the Large Arteries; Clinical and Experimental Observations

Emile F. Holman, M. D., San Francisco


## IMPORTANT NOTICE

Dr. Morris Eishbein will speak to the Pierce County Medical Society on Friday, March 17, at a luncheon at the Winthrop Hotel at $12: 15$. Doc tors are invited to bring their wives. Luncheon will be 60 c and you are requested to make reservations with Dr , Penney as soon as possible.

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## THAT GET-TOGETHER MEETING

The joint meeting of the County Medical and Dental Societies, held February 21, in the Medical Arts Auditorium, showed the genuine good fellowship and friendship existing among the members of the profession. All who attended appeared to have a good time and were highly appreciative of the program offered for their entertainment. "A touch of nonsense now and then is relished by the best of men."

It is good that at times we should forget the cares of life and the weighty problems of our work, and indulge in frivolity. It .is the hope that we may have a similar meeting in the not distant future.

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## Low Backaches in Women

W. Weldon Pascoe, M. D.

## (Contimued from February issue)

To enumerate the pelvic conditions which through the mediums of congestion, pressure and reflex muscle spasm may produce pain in the low back would mean a recital of all the varieties of pelvic pathology, including all inflammatory processes, newgrowths, abnormal placements and injuries. Such a procedure would be futile, but for purposes of emphasis, we will cite six conditions.
The figures which will be given are the averages secured by the writer from reported series and do not represent the exact figures of any one observer.

Causes other than gynecological being ruled out, low backache was present,
(1) In pelvic relaxation with or without retroversion in $79 \%$;
(2) in uncomplicated retrodisplace-ment- $61 \%$;
(3) in pelvic inflammation 49\%;
(4) in uterine fibroids $34 \%$;
(5) in ovarian tumors even of large size $15 \%$;
(6) procidentia $22 \%$.

These figures make it apparent that injuries to the pelvic floor come first, and it also should be noted that when this condition has gone to the extreme with the production of procidentia, the incidence of back pain is only about one-fourth of that found in moderate relaxation; in these cases, nature has given up the struggle as useless, and the muscles are no longer spastic.

Writers seem to agree that of the cases coming for gynecological treatment, 15 to $20 \%$ of the total number have low backache. In these cases, the main cause is found in the pelvis, in $75 \%$.

The results of gynecological treatment alone in the cases comprising the $75 \%$, is $80 \%$ cure or relief satis. factory to the patient, and with later attention to posture, the results total in excess of $90 \%$.

This added $10 \%$ shows that while we may have, by pelvic treatment, removed the cause of the postural de, fect, it has become a habit in $10 \%$ of the patients.

We have stated that backache may be grouped into five classes from the standpoint of etiology: Functional, postural, urological, orthopedic and gynepathic, but it must be emphasized that in many cases this symptom is the result af the combined action of factors which have their basis in two or more of the groups in question.

For this reason, any patient presenting herself for relief of low back pain is entitled to a complete inventory which means-a complete history and a complete physical examination combined with indicated laboratory work. We should endeavor to find not one cause for pain in the back, but all probable causes. This will re. sult not only in protecting us in our prognosis, but in a larger percentage of cures.

In few diagnostic problems is the history more important; if it be carefully worked out, the case is frequently placed in its proper group befors the examination is started, but this should not be used as an excuse for a partial examination. This is one place where leading questions should either not be employed or should be, postponed until the patient has given' all the information possible; without them-a sufferer from a purely func: tional backache will regale the listeni er with an apparently endless, bizarre story of pain that could not possibly be explained logically, and which long
ago should have reduced her to invalidism, and yet, the narration of her harrowing experience gives her obvious pleasure. The history will disclose whether the pain started with childbirth, miscarriage, abortion, pelvic infection, or at the time of any real change in menstrual function; it may relate it to an accident or to a cold, tonsillitis, or nasal infection; again, it may show a definite connection with bowel or urinary dysfunc. tion. Again, the effect of previous treatment should be carefully noted; it will save the patient time and money, and the doctor, embarrassment.

A complete examination means a disrobed patient-the time has gone by when a patient of this type is sat. isfied with a bimanual pelvic examination, perfunctorily made; if the doctor doesn't examine her back, the chiropractor will. Nor should a pelvic and back examination suffice; we may find anything anywhere from a pupil changed by lues to flat feet that will give $u s$ a clue to the diagnosis.

Laboratory findings are of real val. ue. A urinalysis, (and it should be a catheterized sample in most cases) may show evidence which the history did not warrant. Wassermanns should always be done. Stokes is responsible for the statement that pain in the back and a positive Wassermann may be the only findable evidence of lues.

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A complete blood count and slide study will reveal any major blood pathology and give us an index of our patient's resistance.

X-Ray should be used in all cases, showing definite tender joints, obvious deformities and limited motion.

Much that we have said regarding history and examination is obvicus and elementary, and might have been omitted.

It has been included because in the writer's opinion it is frequently not done. As a result, to repeat what was said at the start of this paper, the symptom is frequently incorrently or incompletely diagnosed, and ail too razely cured or sufficiently relieved to satisfy either patient or doctor.

In conclusion:
(1) Pathology of the female pelvis is a common cause of low backache.
(2) Backache from pelvic pathology is usually, but not always, located in the sacral and hombosacral areas.
(3) It is due, in the last analysss, to congestion, pressure and muscular spasta.
(4) It is curable by pelvic treatment alone in 60 to $75 \%$ of cases.
(5) By completely diagnosing the cause of the symptom, and attention to treatment other than gynecology the percentage of cures can be appreciably increased.

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# TACOMA DISTRICT DENTAL SOCIETY 

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Dr. H. L. Monzingo

## Golf

Dr. 1. E. Hoska
Dr. H. C. Tollefson Library
Dr. Paul Nelsen. Chairman
Dr. F. M. Howe
Bulletin Editor
Dr. A. O. Simons

Next meeting Tuesday, March 21, 8:00 p. m., Medical Arts Building.

The Mid-Winter Clinic in Seattle on February 11 saw the Tacoma Dental Society maintain its usual high attendance average. Some of the Seattle members said our percentage was better than their own. The meeting was of the usual high standard, although Dr. McDowell's lecture was not entirely what we had expected. He gave us a digest of the report on "Cast of Medical and Dental Care."

The Medical Building management "threw" a party for us on February 21. "Refreshments," buffet lunch, sleight of hand performer, accordion music, speeches, etc. This meeting was also well attended and should have been, since the price of admis. sion was so reasonable. Best of all was the announcement of the paidoff note, at least to those whose names were on it.

What do you know about this "Seven Year" business cropping up again? Makes a fellow wonder how
long after "surgical removal" of a malignancy we should keep the caurtery warmed up. It would seem that Legislatures should be too busy with economics and unemployment to play around with second class dental bills, or boxing and horse races.

The Physicians' and Dentists ${ }^{\text {D }}$ Credit Bureau plan sounds O. K. and it seems we should all look into it. As we remember, this was recom mended in our Cameron Course.

Dr. Fisher wouldhave us all "County Dentists" and his suggestion seems to have much merit. If noth ing else, it will at least give us a chance to see all our old patients again
MEETING MARCH 2.1-8 P. M MEDICAL BUILDING * $\ddagger+$

## TACOMA DENTAL ASSISTANTS SOCIETY

The Tacoma Dental Assistants held a dinner and White Elephant Auction meeting the first of February at the Modern Inn. Fifteen members were present, and a jolly good time was enjoyed. Dr. Rowland W. Hill was the speaker of the evening. What a brave man is Dr. Hill to have dinner with fifteen young women, and then give them pointers on office procedure! He even went so far as to give a poem dedicated to the Dental Assistants.
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Before you started working for the guy you call your boss
You thought he was a gentleman and never could be cross,
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Like the kings of ancient history, you know a king can do no wrong,
He's always right, at morn, at night, in fact the whole day long,
Even when he takes in money, and forgets the person's name,
And the patient comes in raving, he lets you take the blame.

You mislaid this, you mislaid that, you threw something away,
You forgot to tell a patient she was not to come today.
Innocent as you may be, you take it just the same,
Because you know the Doctor's per, fect, and you've got to take the blame.

Sometimes I'll bet it burns you up to always play the "goat,"
He makes mistakes, and to cover up he rams them down your throat.
Some day you'll lose our temper and say, "The Hell with fame!
Go find yourself another girl and let her take the blame."

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On February 23, the Dental Assistants attended a lecture by John Schlarb, Jr., on the new system of credit and collections to be installed in the Physicians' and Dentists' Business Bureau. Mr. Schlarb is a very able speaker with a wide experience and ability in the collection business. It was a very worthwhile evening to all those present.

March 2 at 7:30 in the Medical Arts Auditorium the Dental Assis* tants held a meeting, at which time Mrs. Alice Bender, of Dr. A. F. Wilbur's office, talked on Sterilization. Mr. John Schlarb, Jr., spoke on different sides of the credit and collection business. In these times of money stringency none of the members of this Society can afford to miss this opportunity.

March 23 is the date alloted to the Dental Assistants for a luncheon at Fisher's Seventh Floor Lunch Room. Start thinking of all the friends you have downtown who need lunch and then date them up. Our Doctors need luncheon too and we hope they will join us in this effort. March 23 is on Thursday.
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## ST. JOSEPH'S HOSPITAL

The regular clinical meeting of St. Joseph's Hospital Staff was held Monday, March 6, at 8:00 p. m. A paper on "Liver Function" was read by Dr. Niethammer and discussed by Dr . Herrmann. Clinical cases and case reports were presented by members of the staff.
Our Senior Class will not soon forget the very interesting field trip to the Veterans' Hospital at American Lake in connection with their study of nervous and mental diseases. The visit was arranged by Dr. William Dietz, lecturer in this subject. We wish to take this opportunity of again thanking Dr. Dietz and the doctors of the Veterans' Hospital Staff, also Miss Peterson, for the instructive clinic and trip through the hospital.
Sister M. Patrick, who has held the position of Superintendent of Nurses in St. Joseph's Hospital for the last twelve years, has been transferred to Baker City, Oregon, where she has been appointed Superintendent of St. Elizabeth's Hospital. Sister M. Fatrick's many friends regret her leaving St. Joseph's, and wish her every success in her new work. Sr M. Benno has been appointed to sue ceed Sr. M. Patrick as Superinten. dent of Nurses.
:-: —: —:

Doctor, after painting throat of patient: "That'll be $\$ 3$ please."
Patient: "Suffering cats! I had our whole kitchen painted for $\$ 2.50$."
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## NEWS ITEMS

Dr. Dale L. Martin addressed the Rotary Club at a recent meeting on the subject of "Veterans' Compensation."

Dr. J. S. Davies, who has been ill for some time, is now in Phoenix, Arizona.

Dr. A. L. Schultz is now established in his new quarters on the twelfth floor of the Medical Arts Building.

Dr. E. D. Kanaga, who has been in Indio, California, recuperating from his recent illness, hopes to be back in Tacoma next month.

## EDITORIAL

(Continuted from page 2)
The times will not always be like today, however, and what is accepted today as a benefit may prove to be a curse in the future. Today and in the coming days of readjustment, it: behooves the medical man to patiently await its development and not surrender himself to those who would exploit him.

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## TACOMA UROLOGICAL SOCIETY

The regular meeting was held on February 21, with the president in the chair. A travelogue was given by Dr. Charles S. Pascoe, followed by a discussion and business concerning our program. All members were present.

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& \text { H. S. Argue, M. D., Secy. } \\
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## Woman's Auxiliary

Women of the Auxiliary were entertained on February 9 at a "Membership Tea" at the home of Mrs. Thomas Murphy. Honor guest was Mrs. Otis Lamson, of Seattle, president of the State Auxiliary, accompanied by a group of Seattle members. Mrs. Weldon Pascoe talked of a recent European trip, and a quartet composed of Mesdames D. H. Running, F. L. Scheyer, C. V. Lundvick and Eugene Hanson, accompanied by Mrs Edwin C. Yoder, was heard in songs. Mrs. Darcy Dayton and committee $m$ anaged tea from a table charming in valentine mode. The Auxiliary president, Mrs. Edgar F. Dodds, and Mrs. Ralph Schaeffer, past president, poured.

A board meeting was held on February 24 at the home of Mrs. H. G. Willard. The purpose of the meet ing was to revise the constitution and also to discuss plans for entertain-

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ment during the visit of Mrs. Morris Fishbein on March 17. At the close of the business session tea was served, with a young daughter of the hostess assisting.

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## TACOMA GENERAL HOSPITAL

As a conclusion to the course in Tuberculosis and Respiratory Dis eases, the Senior Class enjoyed a field trip to the Mountainview Sanatorium on Saturday, February 24. Dr. John Steele made the arrangements and we wish to thank both him and Dr. Mc. Phail for their courtesy.

The following doctors have completed courses during the past month: Dr. Jones to the Seniors on Venereal and Skin Diseases; Dr. J. F. Steele to the Seniors on Tuberculosis and Respiratory Diseases. Thank you for your interesting and complete lec-

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tures! We certainly received much from them.

The School of Nursing was aug. mented on February 1 by seventeen new Preliminary students, carefully chosen from a large number of applicants. They are now being kept very busy with the usual routine-a. heavy schedule of classwork, intelligence tests; physical examination (in. cluding pedograph, recording of tem. perature, pulse and respiration three times daily for a week and re-checked if at any time the temperature is ele yated above 99 degrees, X-ray of the chest, complete blood count, urinaly. sis and basal metabolic reading if nec. essary) and general adjustment to training-school life. We are looking, forward to some fine additions to our list of capped nurses after the four months preliminary period is finished.

The sophomore students in the premursing course at the College of Pu. get Sound are now taking Ethics of Nursing at the hospital and the fresh.
men are taking History of Nursing. The pre-nursing course was planned to give a broader scientific education to young women contemplating nurs ing as a profession and consists of three years of work at the college and two years at the Tacoma General Hospital, leading to a Bachelor of Science degree from the college and a diploma from the hospital. A student enrolling in this course at the college must also make application at the hospital and be matriculated in the School of Nursing, taking along with her college work the courses listed above prior to her period of restdence at the hospital.

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Doctor: "Don't get so despondent, my dear young lady, you'll soon pull through."

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## Bulletin

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(i) TYPICAL NEWFOUNDLAND:

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(2) A BIT OF RUGGED NEWFOUNDLAND SCENERY
near the harbor of St. John's, the center of the cod fishing industry. The cod liver oil used by Mead Johnson \& Company originates exclusively at Newfoundland. Professors Drummond and Hiditch, in their tests of naturall, untreated oils from the livers of cod fish have found Newfondland Cod Liver Oil superior in Vitamins $A$ and $D$ content to cod Liver oils from Iceland," Scotland and Norway.

## THE SIGNIFICANCE OF VARIATIONS IN BLOOD PRESSURE

A recent important study covering ance companies on 707,000 policy the experience of twentyrsix life insur－ holders affords important information bearing on the significance of varia－ tions in blood pressure as affecting mortality．

The conclusions of the committee， based on this very broad investigation， are as follows：

1．The mortality is lower than the average when the pressure is some－ what below the average，but no infor－ mation is yet available regarding the effect of very low blood pressure．The average blood pressure does not ap pear to be the point of lowest mor tality．

2．The good effect of a blood pres－ Whe slightly below the average is like－ Wo be greater at the younger than the older ages．

The mortality increases rapidly䂒th the increase in blood pressure doyer the average．
 Wace that the mortality curve on blood puessure is very similar to that on gidy that is，it has been found that Hhe average weight is not the point of
 Whegresive increase in the death rate矮教能e weight rises above the average． Natid full maturity the lowest death 5 Cxte is found among those types sub－蓈放thally below the average weight．
Whe blood pressure investigation Shows that the point of lowest mor oultuy is not that of the average blood解解位，and that the death rate rapid． Whereases with increase in blood petessure．Low death rates were found aitiong those types showing blood pressure substantially below the aver age．This does not include，however， cuses of extremely low blood pressure． wilt shouild be borne in mind that
these studies were made on groups of people supposedly free from any pathology and simply presenting these variations in blood pressure．It seems evident that in the high pressure group there was a higher ratio of undetected， underlying pathology；in the low pres． sure group there was a lower ratio of undetected pathology．－Selected．

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## ＂WHEN，AS AND IF＂

the bottle－fed baby exhibits symtoms indicating partial vitamin $B$ deficiency －described by Hoobler as（1）anor exia，（2）loss of weight，（3）spasticity of arms and legs，（4）restlessness，fret－ fulness，（5）pallor，low hemoglobin， etc．－

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## STUDY CLUB \＆STAFF MEETINGS

Tacoma Surgical Club＿－＿March 27
Tacoma Urological Society＿March 21
Tacoma Internists＇Suciety＿March 21
Tacoma Anatomical \＆Pathological Society＿．．．March 16 and April 6
Puget Sound Academy of Oph．
thalmology 8 Otolaryngology -
March 21
Tacoma General Hospital－
Monthly staff meeting＿－＿－April 4 Morning tumor clinics

March 14， 21 and 28 and April 4
Thursday morning clinics．－－－－－
March 16， 23 and 30 and April 6
St．Joseph＂s Hospital－
Monthly clinical meeting＿－April 3
County Hospital－
Monthly staff meeting．．．．March 31
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## COMMUNICABLE <br> DISEASES

January， 1933
Tuberculosis ..... 4
Poliomyelitis ..... 1
Erysipelas ..... 4
Mumps ..... 20
Whooping cough ..... 2
Smallpor ..... 3
Chickenpox ..... 69
Scarlet fever ..... 21

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# BULLETIN of the Pierce County Medical Society and 

 Tacoma District Dental Society
## B R 0 G R R M S

pIerce county medical society
Medical Arts Building Auditorium 8:15 P. M.

APRIL 11
Dental Caries a Deficiency Disease?_Dr. D. M. Dayton A Study of Middle Ear Infections with Reference to Types of Organisms

Dr. A. W. Howe

## APRIL 25

This will be a dinner for doctors and their wives at the Chamber of Commerce Dining Room, Citizens Bank Building, 301 Meridian, South, Puyallup.

The paper of the evening will be
Tumors of the Mouth (illustrated)
Dr. W. M. Karshner

Special entertainment will be arranged for the ladics during the scientific program.
Make reservations with Mrs. DeWitt, Broadway 3166, or with Dr. Penney, Main 2601.

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\begin{aligned}
& \text { TACOMA DISTRICT DENTAL SOCIETY } \\
& \text { Medical Arts Building Auditorium } \\
& \text { 8:00 P. M. }
\end{aligned}
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Regular Meeting
April 18
Auditorium Telephone Broadway 3166
TACOMA, WASHINGTON


## EDITORIAL

Gnce again Tacoma has the opportunity of giving her hospitality to the medical men of the Northwest. The Tacoma Surgical Club will hold its annual scientific session on Saturday, April S, at the Tacoma General Hos pital and the Auditorium in the Med. ical Arts Building.

The Surgical Club in these annual meetings has adopted the plan of an internsive study of one subject in place of a series of papers on unrelated matters. This gives the opportunity for a comprehensive review of the subject in its various aspects, the long established facts and the newer theoretic conceptions. The viewpoints of the different speakers give the outline for further individual study.

This year the study will be devoted to the circulatory system, and the
guest speaker is eminently fitted tot discuss this subject. Dr. Emide F*: Holman is Professor of Surgery at Stanford University and head of the Department of Surgery at Lane and Stanford Hospitals. He is a man of wide attainments, having been Fel, lowship Professor of Surgery at Har vard, Assistant Professor of Surgery at Johns Hopkins and Western Rer serve Medical Schools before being called to his professorship at Stanford.

He is the author of numerous writings on surgical disease and treatment of the blood vessels and surgery of the lungs and thorax and was award ed the Samuel D. Gross prize for original work on aneurysm.

The sessions of the Tacoma Sur. gical Club have made their record as one of the outstanding events in med icine each year and the program for this meeting measures well with the high standard set in the past. Ouir members will give the club their united support in making the meeting'a. success and will be amply repaid by attendance at such a worthwhile ses. sion.

To those from out of the city we give a most cordial welcome. We regard you not only as guests of the Surgical Club but of the whole pro fession.

The inter-dependent relationship existing between the individual physician and his county, state and nation al medical organization is a reality which every physician should recog. nize. Neither can get far or accom plish much without the aid and sup port of the other:-Ohio State Med. ical Journal.
"No medical man, regardless of hisis present position, is so situated that he can withhold his support from orgain. ized medicine without detriment to himself as well as to others."-Mil. waukee Medical Times.

## $\mathbf{L} \mathbb{I} \mathbb{B} \mathbb{R} \mathbb{R} \mathbb{Y}$ <br> HOURS 11:00 A. N. TO 5:30 P. MI, <br> TELEPHONE <br> BROADWAY B16G <br> BLANCEI L. DEWITT, LIBRARIAN <br> 

The library was honored by a call from Dr. Morris Fishbein when he was in Tacoma last month. Dr. Fish bein was accompanied by Dr. Joseph A. Pettit, of Portland. Dr. John F. LeCocq, of Seattle, also visited us recently.
The 1933 edition of "New and Non-Official Remedies" has just been received.
Again we extend thanks to those who have been so good about giving periodicals to the library. Tbere are too many of you to mention by name. These contributions are enabling us to build up a very complete duplicate file, adding greatly to our re, sources. We have been quite success, ful in arranging exchanges for the copies of Northwest Medicine which you are giving us and hope to add more magazines to the exchange list in the near future.
The last issue of Surgical Clinics of North America is devoted to clinics contributed by Fellows of the Pa cific Coast Surgical Association. An article of particular interest is one on "Partal Pancreatectomy for Hyper. insulinism," contributed by Dr. Emrile Holman, who is to be guest speaker at the forthcoming meeting of the Tacoma Surgical Club.

Among subjects of particular intexest looked up of late are: neurogenic bladder disease; recurrent goiter; mastoiditis without otitis media; blood supply of bones; war neuroses; non wion of costal cartilage; diplopia in spinal anesthesia; cancer of the breast in the male; effects of war gases; physiology of the stomach; complications of rectal anesthesia;
blue cataract; angioid streaks of the retina; traumatic neurasthenia; cutar neous neuroses; diet and dental caries; tissue extract.

The following articles have been selected from recent magazines and may provide some interesting reading:

## Urology

A consideration of the malignant prostate and associated obstructive manifestations, J. F. McCarthy; American Journal of Surgery 19:209. 229, February, 1933.

Bilateral cortical necrosis of the kidneys, Maj. J. E. Ash; American Journal of the Medical Sciences 185: 71-85, January, 1933.

Transplantation of ureters, Rexwald Brown; Surgical Clinics of North America 13:7, February, 1933.

## Surgery

Supportive treatment of bone and joint disease, E. L. Compere; American Journal of Surgery 19:106-111, January, 1933.

The treatment of sarcoma of the long bones, W. B. Coley; Annals of Surgery 97:434-460, March, 1933.

Postoperative pulmonary subventilation, M. Prinzmetal; Surgery, Gy, necology \& Obstetrics 56:129.136, February, 1933.

## Internal Medicine

Some limitations in the treatment of chronic peptic ulcer with mucin, Leon Bloch; American Journal of the Medical Sciences 185:260-270, February, 1933.
(Contimued on page 12)

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## DR. EDWARD A. RICH

The tragic death of Dr. Edward A. Rich has removed from our wanks one of our best known and beloved members.

Some twenty-six years ago he came to Tacoma and quickly identified himself in the community as an earnest, progressive worker in orthopedic surgery and attained a wide-spread reputation in his chosen field of endeavor.

He was among the first to enlist in the World War and his abilities were appreciated, for he was advanced to the rank of Lieutenant-Colonel, as one of the directing heads in his department. After the war he continued his interest in national defense and remained a member of the Reserve Medical Corps.

The practice of his profession was his first great object in life and it was his endeavor to do all in his power to promote the cause of scientific medicine, to give of himself without stint to all who were in need of his services, and to maintain the high standard of ethics and conduct upon which medicine is founded. He was ant active worker in our Society and at one time its president.

He will be remembered not only as a surgeon but as a good citizen, who was always willing to do his shate in any movement for the common good. He was active in all civic affairs and gave freely of his time to such enterprises as the Drama League, the Tax Commission, the American Legion, the Yacht Club and Chamber of Commerce.

He was of a genial, sumny disposition and enjoyed all of the activities of life, but the sea attracted him most. An ardent yachtsman for years, he loved to stand at the wheel of the Argosy and taste the salt sea brine and feel the tang of the sea breeze in his face.

Remembering him as a fellow physician, a true friend, and as a real man, who looked at life with clear eyes, undaunted and unafraid, it is fitting that we part with him with the words of Stevenson's "Requiem":

Under the wide and starry sky
Dig the grave and let me lie. Glad did I live and gladly die, And I lay me domn with a will.
This be the verse you grave for me:
"Here he lies, where he longed to be;
Home is the sailor from the sea And the hunter home from the hill."

# Present Trends in Medical Practice 

Address of Dr. Morris Fishbein at the luncheon given in his honor at the Winthrop Hotel on March 17

In order to evaluate properly the changing nature of the medical profession, it is necessary to assume what we might call an "historical mind," and look at the situation principally in the light of the growth of medical practice in the past fifty to sixty years. With old time methods of diagnosis, especially the use of the five senses, the physician of that period entered the sickroom with these same five senses, and a small handbag of pills and lotions which he could carry with him and dispense personally. From the time of Pasteur and his work cur profession really began to learn. These advances carried with them an ever greater number of specialists. In $191010 \%$ of our doctors were specializing; in 1920 about $15 \%$, and today approximately $25 \%$.
This "specialism" indicates great advance in all fields of medical practice.

It is interesting to note that there has also been a tremendous increase in the number of nurses. In 1890, there were graduated 300 nurses. In 1931, in 2,000 hospitais' in the United States, 22,500 nurses and 4,500 doctors were graduated. At present there are 145,000 doctors, of which number 122,000 are in actual practice. Each year 2,500 physicians in the United States die, and 4,500 come into this profession.

You will find that in the report of the Committee on the Costs of Medical Care it has been decided there are $25 \%$ too many doctors in the United States for the $\mathrm{n} u \mathrm{mber}$ of people. This leaves us with a choice of increasing the people or decreasing the physicians. It seems easier to decrease the number of doctors. This problem has developed very gradually in the story of Medicine. We have 142,000 doctors for 120 million
people, and in addition to these phy. sicians, we have about one million other people engaged in the practice of medicine. Approximately two mil. lion persons can be included today in the profession besides the physicians. These include laboratory technicians, nurses, pathologists, dieticians, orderlies, ambulance drivers, etc. From this we can see that the problem of the cost of medical care becomes a labor problem.

During this time the doctors have expanded the nature of medical care. It became necessary to apply these new ideas to the care of the sick. Whereas, our old-time physician made his diagnosis on the five senses, today he brings to his work a great amount of machinery, which must of necessity be collected in clinics or hospitals. The modern doctor has fluoroscopes, stethoscopes and all kinds of "scopes" with which to look into the patient, in marked contrast to the old method of using the eye alone. Specialism in diagnosis is much more costly and time-consuming than the old method of physical examination.

The sense of hearing also has been tremendously stepped up. The use of the stethoscope and the electrocardiograph in showing the functional integrity of a muscle, or changing one form of energy to another, permitting greater knowiledge but also producing greater expense. Then the microscope, biological studies, such as thase using the guinea pig and dog, adds aly ways to the cost of medical care. There are many other ways in which the cost of medicine is raised, because of this advanced knowledge. When we consider the limitations of surgery: of the 1900's and then consider the advances of today, it is simply as: tounding.

With the gradual change in the medical sense, we go from the oldtime practitioner, who traveled by buggy, to his successor, a very efficient individual, aided by many types of machinery, with eight years of medical education, costing approximately $\$ 20,000$. This sum placed in a good bank at the age of 21, amounts to $\$ 60,000$ at 62 years of age. This represents what is actually being paid out by the young man to get this education, and for this money he desires adequate return. In addition to this, the investment in hospitals and schools is tremendous.

Six or seven years ago, statements were made by sociologists and others interested in the question of medical care to the effect that the rich and poor secured the best service. The middle class did not get the best, be cause they could not afford to pay for it, and would not go to the clinics.
For this, they had a slogan to sway the popular mind: "Everyone is en" titled to the best type of medical care for the price he can afford to pay." Obviously, it is possible to give good medical care in most cases, but you can not give the people the best type of that or anything else for which they can pay. For instance, nobody has yet suggested that everyone travel in drawing rooms on trains for "the price he can afford to pay." The Committee dropped that slogan and adopted the following: "Everybody must have good medical care for the price he can afford to pay." Take a disease such as pneumonia. In a rich man, who has every nursing care, the best of medical attention and every incentive to recover, especially no worries, and contrast the situation with the poor man, probably in a ward. While this poor man may have às good medical attention, he, of necessity, divides up his nursing care, and in addition is worried by his economic situation, whether or not he will get his job back, 'if his family are well, etc. His chance of recovery
differs from that of the man who is not distressed by these factors. This is life as it really is, and not a Utopian ideal.

About six years ago, Mr. E. A. Filene, a philanthropist, spoke to me of this problem, and said he had decided something should be done to make an actual study of the cost of medical care. His close associate in this idea was the editor of the "Survey." The editor wrote an article about this time, which was published in the Journal of the American Medical Association, on the general subject that medicine should be joined in guilds or groups. It is interesting to note that most of the men who had this idea had just returned from one of the greatest groups in this country, the Mayo's, and had seen at first hand the operation of this institution. They were tremendously impressed. However, it does not mean that all this is necessary for all of the illnesses of mankind. An economist, Evans Clarke, Director of the Twentieth Century Fund, with Filene and a number of founders of other funds, was greatly interested in this idea. These philanthropists joined together to investigate scientific medicine, and to give the benefits of their advanced knowledge to all of the people and to various foundations.

The Committee on the Costs of Medical Care is composed of Ph. D.'s, economists, sociologists, public health experts, some physicians and some men from private life. I was asked to serve on this cormmittee, but declined as I felt that there should be someone in the open, who could say what he thought about the committee and its report. The Executive Committee is composed of: H. H. Moore, Michael Davies, Haven Emerson, C. E. A. Winslow, W. P. Bowers, and Chairman R. L. Wilbur. Its report represents 26 studies made in the past five years, at a cost of approximately one million dollars. Many of the comments are possible because suc-
cessful experiments were made, and unsuccessful ones not studied.

Take the study of Group and Contract Practice. I have reviewed this situation. In 1912 there were 60 groups in the United States, and in 1931 the number had reached between 100 to 200 . Since 1931 many of these groups have fallen by the wayside. The answer to the value of this type of practice is: GROUP PRACTICE IS MORE EXPEN. SIVE THAN PRIVATE PRAC. TICE, as in times of depression group practice should increase if it is cheap, $e r$, and not decrease, as has been the case.

About two years after the beginning of these studies it was observed by Olin West and Harris that there was not going to be complete agreement, and that there was going to be a Minority Report. I immediately asked what arrangements had been made to give the Minority Report as much attention as the Majority Report, and was assured there would be adequate publicity.

The Majority Committee advises "reorganization" of medicine on a group basis, around a. large hospital and school. This will involve competition and underbidding. With this comes a skimping of medical care. I might describe two types of examination, one necessitating a five minute history and short examination, and the other twenty mirnutes to an hour for the history, and a very complete examination including laboratory and X-ray studies. You would not want to make so extensive a study for every man. The best answer to this question of the cost and necessity of an examination has recently been brought out by the Committee on Medical Education, which gave us these valuable facts: $85 \%$ of the dis. eases which we have can be success, fully diagnosed and treated by the general practitioner, with his hand. bag and what he may have in his office.

Then there is the $15 \%$ of serious disease, diagnosed with difficulty, and treated with difficulty. For this, you must have a formidable armamentari um and training, and the bill for these services is likely to run to three hundred or one thousand dollars. There are some accidents for which no family is ever prepared:

It has been suggested in a recent: article on The High Cost of Having a Baby that the average medical ex, pense for a year for a man, wife and $21 / 2$ children is approximately $\$ 80.00$.

Forty-five per cent of the practice of the general practitioner is done in his office, $35 \%$ in his home, and the remainder in the hospital. Ten per cent of the people in the United States are sick enough to require the care of a physician at all times. Two per cent are sick enough to be in the hospital.

The question of cost remains the same. Do the people save for sickness as the most of us save for death? The responsibility must be on the people, and not on the doctof for the cost of sickness. An engineer is not supposed to provide funds for every, body to go for a free ride on the trains.

Medicine is probably the last of all professions that ought to be socialized. Socialization first might take place in banking, transportation, housing, clothing and food.

The committee advises extension of all branches of public health service to more persons-payment on a group basis. This payment should be developed by voluntary insurance. The reports of the committee were in my hands about three weeks before they were made public. One week before the report of the committee was pub. lished, on November 29th, I was surprised to see on November 23rd ad. vertisements by the Metropolitan Life Insurance Company which said the "medical practice of the future will be in hospitals and groups." It was
suggested that voluntary insurance be arranged by the insurance companies or by direct taxation. How any group at this time could advocate higher taxes for any purpose whatever is beyond my imagination. It shows a misunderstanding of the American people and the economic situation.

In contrast to this is the Minority Report signed by nine persons, eight physicians-three representing the American Medical Association, and one doctor of philosophy. They came out with $t$ his statement: "THE VAST MAJORITY OF SICKNESS IS BEST TREATED BY THE GENERAL PRACTITIONER, AND HE MUST BE RESTORED TO HIS ORIGINAL PLACE, AND WE ARE OPPOSED TO ALL COMPETITIVE GROUPS OF THIS TYPE." They say that public health officials are not to be entirely condemned because they have expanded their work out of their field, because the physicians have been neglectful of the building of preventive medicine. The public must be educated to learn that the prevention of diphtheria, nephritis or decomposed heart is just as valuable as curing it when it occurs. They must be educated as to what preventive medicine is, and to the fact that doctors are capable of practicing it. The Minority Report took up the matter in this way.

When that report was prepared, I again asked, "How are you going to get it before the public?" and was told that a splendid publicity man had been engaged so that these reports might be placed before the general public. As you possibly saw in the "New York Times," twelve columns were devoted to the Majority Report and one column to the Minority Report. We feel that the views of organized medicine deserve more publicity than that.

The problem of the cost of medical care is primarily a problem for the financier, but the problem of what is
good medicine and how it should be practiced is the physician's own problem. The problem of saying what is good medical care and how it is to be furnished is a problem for the doctor, and no layman, economist, finatcier or philanthropist is qualified to tell the doctor how to take care of the problern.

I was consulted by a group of phil. anthropists, who were opening a hospital costing two and a half million dollars, and they announced how they intended to run this hospital. I asked if it had occurred to them to ask the doctors how they would like to run it. I was informed that they had built it and would run it. The physicians, of course, left. The hospital without doctors is just four walls and a roof. The public comes to see the physicians who are in a hospital and not to see the building. This group of philanthropists tried to run this hospital for two months, and then they were forced to send for the members of the staff to return to run the hospital for them. It is time for the philanthropists and public health officials to give medicine back to the doctors. The medical side is for the doctor alone.

The Majority Report embodies the schemes and pet ideas of the men on the committee and I can show references to publications in which these men made their view known, PRIOR

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to their work on the committee. Therefore, it became necessary to publish a Minority Report.

Medicine is an individual matter, and not to be practiced en masse. Medicine is a profession that demands the best of brains, highest integrity and honor of any profession. We will find that the Majority Report will follow the way of the Wickersham report, as many of the newspapers have said, and it will, I am sure, "out-Wickersham the Wickershamers." This is the attitude of the American people expressed by the American people on this report.

## MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY

March 28
The regular meeting of the Pierce County Medical Society was held at the United States Veterans' Hospita! at American Lake on March 28, 1933, with J. A. LaGasa in the chair.

A memorandum from the State Department of Health was read. No action was taken and the president ordered it filed.

The following resolutions were presented by a committee composed of Drs. W. D. Read, W. W. Pascoe and J. R. Turner and were unanimously adopted:
"WHEREAS Dr. E. A. Rich, a member of this society, has answered his last roll-call and departed from this world to his reward in life ever, lasting; and

WHEREAS by the death of Dr. Rich this society has lost one of its most progressive and valued members; and

WHEREAS his untimely death is not only a loss to his family and friends and the mernbers of the medical profession, but is a great loss to
the hospitals, civic and charitable or ganizations and all circles of human endeavor;
NOW, THEREFORE, BE IT RESOLVED by the Pierce County Medical Society that it hereby ex. presses to Mrs. E. A. Rich and her family its deep sorrow and regret at the sudden loss of their husband and father and the loss to this society of a valued member; and

BE IT FURTHER RESOLVED that this resolution be spread upon the minutes of this society as a tribute to Dr. Rich and that a copy be sent to Mrs. Rich."

The staff of the Veterans' Hospital then presented a clinical program which was of a great deal of interest: to all present. Dr. Ireland presented seven cases of dementia praecox ex. hibiting the clifferent types of the disease. Dr. Wright presented a man who had been a victim of amnesia for twenty years, losing his consciousness of his own self in 1912 and not recovering until 1932. Efforts have failed to reveal any history of the man during these twenty years. Dr. Mace presented a case of combined sclerosis and Putnam's disease and cliscussed its connection with pernicious anemia. Refreshments were scrved after the clinical meeting by the nurses of the hospital.

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Bulletín Editor
Dr. A. O. Simons

## NEXT MEETING TUESDAY, APRIL 18

Were you down to the last meeting? We had movies.

The latest thing now is to let the boys who are behind in their dues come "under the wire" for reduced prices. If the state president, Dr. Wight, will let us "split fees" a little we think we can bolster up our emaciated membership. Of course we would rather have permanent cure than palliative treatment, but you know-any old port in a storm.
We are now in the finance business. Loaning out $\$ 100$ per month at $6 \%$ and for at least three months more the secretary will continue to fill his pen at the post office.
Dr. Neff, the boy with the big cigar on "pay day," seems to have more than his usual good humor lately. He must have dug up a treasure chest or sump'n.
We see in the paper where our ping pong champion, Dr. Erickson,
advanced to the semi-finals in the city championship before he muffed one.

Dr. Willis Peterson, the recent Mc Kinley Hill graduate, likes his new office very much-especially having somebody else do the janitor work.

Dr. Vieth's brother "Halley", who made the talkies at our last meeting, is an unusual brother. Pretty white of him to say "Root" is as good a dentist as that Jap in Saki Saki or some place.

We understand Dr. Carl Johnson is still llipping nickels to see whether he leaves his first love "Manny" or not. If he keeps on trying he'll get that nickel to come tails eventually.

In spite of the fact that we still seem to be on this side of the muchheralded corner, one of our dentists claims to have made a $\$ 3,000.00$ net gain last year. Which makes a "coinsullence" because that is exactly the amount we were forced to enter on our last page of 1932. His ink and ours mixed together would make brown. What a whale of a difference a little color makes!

Dr. "Gloomy" Frank Baker's candor and honesty is equally refreshing and unusual in a dentist. At our last meeting he made self-confession that he did not consider himself a good chairman. He might have put it differently and said he was as good as the rest of us and willing to admit it.

Maybe it's just as well that Tech.
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nocracy business fell through. Come to think of it we may have to work for that $\$ 10,000.00$ a year. And look at the "life of Reilly" we"re living.

Don't forget the next meeting on the 18 th. We'll be seeing you!

Our Dr. Lawrence Hanson has written a very interesting letter from Chicago. He is one of two Resident Oral Surgeons at Cook County Hospital.

It is the largest hospital in the world, and is taking on a larger scope each year. The two of them handle an average of 110 patients a day and he has often handled 70 to 80 by himself. He is doing cleft palate, hare lip, plastic surgery, carcinoma, sarcoma, etc., all dispensary and ward cases, extractions, impactions, cysts, fractures and radium therapy. There are 30 on the resident staff including two oral surgeons, also 96 internes and over 1000 nurses. He handles $\$ 10,000$ to $\$ 25$,000 worth of radium every week in treatment of malignancies. -

It seems to be a wonderful opportunity to learn the specialty of oral surgery and all his old friends wish

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him a world of success and good luck. He sends his greetings to all his friends and his only regret is that he is earnitgg no money. Therefore, in one respect at least, he is still one of the old gang.
$\div \div \div$

## LIBRARY

(Comtimued from page 3)
Oral administration of metaphen in the treatment of gastric and duodenal ulcers, C. M. Trippe; Annals of In. ternal Medicine 6:901.911, January, 1933.

Treatment of eldeily diabetic patients with cardiocasvular disease, Samuel Soskin; Archives of Interial Medicine 51:122-142, January, 1933.

## Eye, Ear, Nose and Throat

The nasal accessory sinuses as foci of infection in chronic arthritis, L. M. Hurd; Annals of Otology, Rhinology \& Laryngolog y 42:39-46, March, 1933.

Ear, nose and throat involvement in head injuries, J. C. Scal; Medical Journal 88 Record 137:156-159, February $15,1933$.

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## NEWS ITEMS

Dr. R. S. Miles is ill at the Tacoma General Hospital.

Dr. T. B. Murphy has been appointed to fill the vacancy caused by the death of Dr. E. A. Rich in the Board of Trustees of the Pierce County Medical and Surgical Service Bureau.

Dr. J. S. Davies expects to return to Tacoma about May 1. Dr. Davies is much improved in health.

Dr. and Mrs. A. L. Schultz are receiving congratulations on the birth of a son.

Mr. John Schlarb, of the Business Bureau, is able to be about again after his recent illness.

Mr. and Mrs. Harry House are receiving congratulations on the birth of a baby daughter.

Dr. Charles D. Hunter and Mrs. Hunter, who have been in Tuczon, Arizona, the past three months, have returned home. Charlie is looking fine and fit, and has resumed his practice.


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## WOMAN'S AUKILIARY

An attractive affair on Friday, March 17, was the luncheon given by members of the Woman's Auxiliary to the Pierce County Medical Society in honor of Mrs. Fishbein, of Chicago, wife of Dr. Morris Fishbein, editor of the Joumal of the American Medical Association.

Half a hundred were present at the affair, given at Tacoma Hotel. Mrs. Edgar F. Dodds, president of the Auxiliary, presided. The tables were arranged in a $U$ shape on the sun porch and were beautifully decorated with spring flowers of blending colors.

Other women complimented at the affair were a national officer and a past president of the state auriliary of Oregon, Mrs. Horace J. Whitacre, national first vice president, Mrs. Otis F. Lamson, of Seattle, auxiliary head for Washington, and Mrs. A. T. Wanamaker, president of the King County Auxiliary.

Mrs. Fishbein is a woman of attractive personality and delighted the local women. She made a talk on ausiliary work, in which she has been actively engaged, and other complimented guests were also heard in talks. They were all presented with corsages of lovely spring blossoms. Mrs. Fishbein went from here to Seattle, where King County Auxiliary women honored her with a dinner at the Sunset Club.

The Woman's Auxiliary will hold its regular meeting on Thursclay, April 13, at $10 \mathrm{a} . \mathrm{m}$. at the Medical Arts Building. A program will be given, at which tinte Mrs. D. H. Nickson, state chairman of the Public Relations Committee, will review a book written by Paul De Kruif, called "Men Against Death." This will be a very interesting talk and all members are urged to attend.

Mrs. T. H. Long, Publicity Chairman.

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## TACOMA GENERAL HOSPITAL

The Preliminary Class of the Tacoma General Hospital School of Nursing has literally been forced out of the Practical Nursing classroom by the preparations being made for the annual all-day program of the Tacoma Surgical Club, April Sth. Classes will be continued in the assembly room and in the isolation ward, however, and we hope that the program planned will be a great success.
Plans are also under way for the annual convention of the Washing. tom State Graduate Nurses' Association, Washington League of Nursing Education and the Washington Organization for Public Health Nursing, to be held in Tacoma during the latter part of May. We are anticipating a large number of visitors from the state besides our local group.
We are indeed glad to say that Mr. George Smith is recuperating in Room 238 from his recent operation (gastro-enterostomy) and would welcome calls from his doctor friends. George has now completed 46 years of continuous service to the Tacoma General Hospital and we certainly miss him during his enforced absence from duty. The first diploma to be issiued by the School of Nursing (then the Fannie C. Paddock Memorial) was given to George with the class of 1897. At the present time the diploma, which is signed by Bishop Parker and Dr. McCutcheon, is in the office of C. J. Cummings. George also bears the distinction of being the only male nurse to be graduated from the Tacona General Hospital. We wish him a rapid convalescence and hope that he will enjoy good health for many years yet to come.

The hopes of many forward-looking nurses were realized recently when announcement came that Senate Bill 250 had been passed by both houses and signed by the Governor. This bid provides for the licensing of hurses and makes the requirements
for registration in the State of Washington as high as those in adjacent states. It also provides for an Educational Director and Inspector of Nursing Schools for the state whe will be instrumental in keeping our standards up to a high level. Much of the credit for the passage of the bill is due to the State Advisory Committee: Mrs. Cecile Tracy Spry, former superintendent of nurses, Tacoma General Hospital, chairman, Mrs. Virginia Boyer Miller of Wenatchee and Sister John Gabriel of Seattle. Every School of Nursing in the state was visited, data on nursing education collected and the existing situa. tion and proposed bill presented before groups and influential individuals throughout the state. The results to be expected from this forward step in the nursing field will not only affect the nursing profession but the doctors and public as well, in that nurses without high school education

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# Pierce County Medical Society 

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and poorly prepared in other ways will not be allowed to register．

Nettie Nertz，the baby adopted by Tacoma General Hospital as recently announced in the Bulletin，is doing very nicely．Her presence has added greatly to classes in Obstetrical Nurs． ing and Practical Nursing．

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## ST．JOSEPH＇S HOSPITAL

The regular clinical meeting of the St．Joseph＇s Hospital Staff was held on Monday，April 3，1933，at 8：00 p．m．There was presentation of Clinical Cases by the Staff，together with Case Reports．A very interest－ ing paper and case report on Perni－ cious Anemia was delivered by Dr． F．L．Scheyer．The paper was dis－ cussed by Dis．W．B．McCreery，A． M．Flynn，C．R．McColl，T．H．Duer－ feldt and J．R．Turner．Dr．D．H． Bell presided as chairman．

Preparations for the new Dietary Department are rapidly approaching completion．The selection and plac－ ing of equipment are receiving careful attention．The students are looking forward with interest and pleasure to the greater opportunities which this department will afford．

Sister M．Mercedes has been re－ cently appointed as surgical super．

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visor，having been transferred from Philadelphia，where she has had many years＇experience in surgical supervi－ sion．

Division $B$ of the Junior class of St．Joseph Training School entertain－ ed the Nursing Staff with a delight． ful little entertainment given on Mar． 17.

## TACOMA UROLOGICAL SOCIETY

The regular monthly meeting of the Tacoma Urological Society was held on March 21，with the president， Dr．C．H．Doe，in the chair．

The paper of the evening was giv en by Dr．Doe，his subject being＂The Relative Values of Iaternal Urinary Antiseptics．＂A general discussion followed．

## $\% \quad \% \quad \%$ <br> COMMUNICABLE DISEASES

 February， 1933Typhoid fever－．．．．－－－－－－．－－－－ 1
Erysipelas－－－－－－－－－－－－－－－－－－－－1 1
Scarlet fever－－－＿－－＿－－－－－－－－－－－－ 14
Chickenpox－－－－．－－－－－－－－－－－－－－－ 64

Whooping cough－－－－－－－－－－－－－－ 2
Tuberculosis－－－－－－－－－－－－－－－－－－ 4

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# BULIETIN of the Pierce County Medical Society and Tacoma District Dental Society 

## P R 1 R R A M S

PIERCE COUNTY MEDICAL SOCIETY
Uuited States Tacoma Hospital 8:15 P. M.
MAY 9
Officers of the Pierce County Medical Society and trustees of the Physicians' $\mathcal{E}$ Dentists' Business Burcau will be elected. See page 5 for list of nominations.

The evening will be devoted to a discussion of different phases of Tuberculosis.

## MAY 23

RETIRING PRESIDENT'S MEETING
TACOMA COUNTRY $\xi^{6}$ GOLF CLUB DINNER AT 6:30 P. M. INSTALLATION OF NEW OFFICERS
Plans for the evening's entertainment are shrouded in secrecy. Persistent questioning by the curious has elicited but little information, but it is safe to say that if you stay away you will miss a good time and a lot of laughs.

TACOMA DISTRICT DENTAL SOCIETY Medical Arts Building Auditorium

$$
\begin{aligned}
& \text { 8:00 P. M. } \\
& \text { MAY } 16
\end{aligned}
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Regular meeting, with election of officers of Tacoma District Dental Society and of trustees of Physicians' $\mathrm{i}_{3}$ Dentists' Business Bureau.

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TACOMA, WASHINGTON


## EDITORIAL

In the early days of medicine the young doctor was going on visits to patients with his preceptor to learn the clinical aspect of medicine and the art of diagnosis. They entered the room of a man who was vomiting and had evidence of a severe attack of colic.

After looking at the man a few moments and without asking any questions, the old doctor announced, "You have a colic from eating tainted oysters," and then prescribed for his patient.

The young doctor was duly im, pressed and after they left the room asked how it was possible to make such a diagnosis. His preceptor re. plied, "By use of the powers of observation. It was plainly evident the
man bad colic and I knew it wasi caused by oysters, because I saw the oyster shells under the bed."

Later when the young doctor was in practice for himself he had to attend a patient who also was without doubt suffering from colic. He gravely examined the sufferer, looked about the room, and then gave hims diagnosis, "You have a colic from eating tainted horse meat."

When called upon for an explanation of this remarkable diagnosis, he replied, "It was easy. I used my powers of observation. I knew it was horse meat for I saw the harness under the bed."

A short while ago a surgeon was making his hospital rounds, accom. panied by his young doctor assistant. They came to the bed of a man who had fallen and injured his chest. With each respiratory movement he suffered great pain. After a rather cursory examination, the surgeon turned to his assistant and said, "Get a picture of this man's chest and them strap the chest."

When they were making rounds again on the next day, upon coning to this patient, he said rather petulantly, "Doctor, can't you do some, thing to relieve my pain? It hurts every time I take a breath." The surgeon turned to the young doctor and said, "I thought I told you to straf this man's ribs." "I know you did, doctor," replied the assistant, "but the X-ray picture did not show any fracture." "Very true," said the sur geon. "He has no fracture but he still has a lot of pain."

These anecdotes contrast two very different lines of thought. In the olden days, before the laboratory, with its helpful refnements in diag: nosis, the art of clinical medicine was developed to a high degree. All the senses were brought into use. Maniol doctors were able to make fairly ac


We have good news for the eye men! The first volume of "A Textbook of Ophthalmology" by W. Stewart Duke-Elder, of London, has just come. This volume is devoted to the anatomy and physiology of the eye, with two volumes on its diseases to follow.
The newest addition to our list of state journals is the Nebraskit State Medical Journal, which Dr. T. H. Long is giving to the library. Dr Long's brother, Dr. F. A. Long, is editor of this interesting magazine.
Recent visitors from out of town were Dr. Lee Roy Woodward, of Mason City, Iowa, and our old friend, Dr. J. P. Kane.
At the invitation of the Trustees of the Seattle Medical Library your librarian visited the Seattle library recently and selected two large boxes of periodicals from a collection which they did not need. Many of these fill gaps in our incomplete volumes and others are duplicates of the better known surgical journals, of which we shall be able to make good use.

## Child Health Day

While there are those who view our times with a skeptical eye and feel that there is as much greed and callousness in the world as there ever was, surely our great interest in what concerns the good of the child is a hapeful sign: Time was-and not so long ago-when children were kept in the background and expected to be "seen and not heard"; when they must wait until "second table" if there was "company" and make their mied of what their elders might leave; Whein Mother never doubted the prophilictic value of the asafetida bag
or the therapeutic virtues of sulphur and molasses. Now, thanks to study clubs, to magazines and newspapers and to the ubiquitous radio, the average parent may have at least a fair working idea of what his child should cat and of the medical attention he should have. Surely, despite the mistakes that are being made and the fur tile work that is being done, the child of the future will be better prepared for life than the child of the past.

The initial effort to make the protection of children a national matter was in 1909, when the first White House Conference was called by President Roosevelt. Ten years later President Wilson called the second White House Conference and in 1929 President Hoover called the third.

In his address before the opening session President Hoover said: "If we could have but one generation of properly born, trained, educated and healthy children, a thousand other problems of government would vanish. From your explorations . . . will develop new methods to inspire their creative work and play, to substitute love and self-discipline for the rigors of rule, to guide their recreations into wholesome channels, to steer them past the reefs of temptation, to develop their characters and to bring them to adult age in tune with life, strong in moral fiber and prepared to play more happily their part in the productive tasks of human society."

Thus May Day, long observed as an outdoor play day for children, is now set apart throughout the land as a day on which special attention is called not only to the health of the child but also to his mental and moral
(Continued on page 11)

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## ANNUAL MEETING -

 TACOMA SURGICAL CLUBThe meeting of the Tacoma Surgical Club on April 8, 1933, ranks as fully up to the high stanclard of previous meetings.
In accordance with the unique plan of the Tacoma Surgical Club, many surgical aspects of the circulatory sys. tem were presented. The anatomic demonstration in the morning was widely rated as the best that we have ever had. The quality of formal papers in the afternoon was high, and Dr. Emile Hoiman, Professor of Surgery of Stanford University, made a deep impression upon all who at tended the meetings, because of his impressive teaching ability, his profound specialized knowledge regarding the circulatory system, and his delightful personality.

It is believed that these meetings of the Tacoma Surgical Club are outstanding in the Northwest because of their scientific value.

## MINUTES OF MEETING OF PIERCE COUNTY MEDICAL SOCIETY

This meeting was held in the Chamber of Commerce rooms in Puy. allup, Dr. LaGasa presiding. The members of the society were joined by the Woman's Auxiliary for dinner in the club rooms, followed by a talk by Mr. Robert Morttgomery, Regent of the University of Washington and several musical selections by Puyallup talent. Three songs were given by a quartet consisting of Mrs. D. H. Running, Mrs. F. L. Scheyer, Mrs. C. V. Lundvick and Mrs. E. W. Hanson, which were greatly enjoyed, also a solo by Mr. Burr Gregory. About ninety members of the society and auxiliary attended the dinnee. After dinner the ladies adjourned to the home of Mrs. W. N. Karaliner, where they spent the evehing playing bridge.

The scientific paper of the evening was read by Dr. W. N. Karshner, who presented a comprehensive paper on "Tumors of the Mouth," discussing the different tumors found in the mouth and the region of the mouth. The paper was illustrated with photo micrographs.

The following nominations were presented by the Nominating Committees for the officers for next year: Ticket No. 1
President_-_-_Dr. W. W. Mattson Vice President__Dr. A. C. Stewart Sec.Treas._-..-Dr. W. B. Penney Trustees_-_-_-_Dr. T. K. Bowles Dr. L. A. Hopkins Delegate to State Meeting

Dr. R. C. Schaeffer Ticket No. 2
President__-_-_Dr. W. W. Pascoe Vice President__-_Dr. V. E. Crowe Sec. Treas.-.-.--Dr. W. B. Penney Trustees_----------Dr. L. J. Hunt

Dr. C. C. Leaverton
Delegate to State Meeting Dr. W. B. Penney

## NOMINATIONS FOR TRUSTEES OF THE PHYSICIANS' AND DENTISTS' BUSINESS BUREAU

Election to be held at the meeting of the Pierce County Medical

Society on May 9
Dr. T. K. Bowles
Dr. C. H. Kinnear
Dr. C. F. Engels
Dr. R. C. Schaeffer
Dr. H. J. Whitacre (present in. cumbent)

Dr. W. B. Penney (present incumbent)

Dr. H. G. Willard (present incumbent)

Dr. L. A. Hopkins (present incumbent)
Four are to be elected; the one receiving the highest number of votes elected for a term of two years and the remainder for a term of one year.

# Collecting Medical Fees 

R. G. LELAND, M. D.

Director, Bureau of Medical Economics<br>American Medical Association<br>Chicago

The collection of medical fees cannot be accomplished by any uniform plan or universally adopted single method. The individual practicing physician must determine for himself the extent to which collection methods are necessary to encourage the payment of his own overdue accounts receivable. There are large numbers of patients for whom credit ratings and the ultimate settlement of accounts give physicians little, if any, serious concern. In these instances the dealings between patient and physician do not involve collection methods or agencies. On the other hand, most physicians find that some patients readily neglect or completely forget the bill for medical services. It is for the thoughtless and wilfully negligent that the physician should adopt appropriate measures to insure payment for his services.

## Book Value of Accounts

The accounts of specialists, hospitals and clinics are usually capable of a much higher rate of collection than those of the general practitioner. This may be due to better business methods and also to a difference in the class of patients. In many cases such practice is handled by special business managers who adjust fees and make arangements to secure payments.

## Deterioration of Accounts

All book accounts rapidly lose value with age, but there is reason to believe that this decline is even more rapid with physicians' accounts than with ordinary commercial debts. It is a peculiarity of the physician's financial relations that in curing the patient he sometimes greatly relieves the debtor of his impulse to pay. Fur-
thermore, the physician seldom leaves. behind any material reminder of the debt such as that which exists from the sale, for instance, of an automobile.

## Preserving Account Values

An admissible record of a case including both professional and financial data will do much to prevent à shrinkage in its collectible value regardless of its age.

A few simple precautions when the debt is incurred will save many dol. lars and much subsequent effort in collection. Trained credit men be lieve that certain information, including present business and residence address and other identifying data which may seem pertinent, if taken at the time of contracting a debt makes collection surer and easier.

Most of the information required will be elicited normally in the course of an examination, a few additional questions by the physician or his secretary will secure all the data neces ${ }^{\circ}$ sary. It is certain that obtaining this data at the time of the first visit will require less time and money and embarrassment than the collection meth ods, which its lack will cause later.

After the debt is incurred there are well established methods of maintaining its value and insuring pay' ment. When it is remembered that credit men generally estimate that accounts lose about 20 per cent of their value if not paid within sixty days, and that deterioration after that pe. riod is progressively rapid, the importance and economy of prompt asd proper early action is evident.

In the collection business there bre so-called "secrets," one of which is
that anything that will lead the debtor to communicate with the creditor will not only keep the debt and the sense of obligation alive, but will also often bring some sort of payment and open the way to a definite agreement. as to terms of further payment. When the account has run ninety days without any word from the debtor, most credit men feel that the debt has lost from 50 to 80 per cent of its original value. Hence a tactful letter should follow the third statement within ten days. This may be a form letter, and credit men claim that time spent in the careful preparation of such a letter is likely to bring gratifying results. In writing such letters an excellent rule for the physician is to put hirmself in the place of the person to whom he is writing and talk to him just as he would wish to be talked to. The letter should persuade him to act, without at the same time arousing his antagonism. If a second and somewhat sharper letter does not produce any reply, the physician may wish to call in a third party, a professional collector. If the practice described here has been faithfully followed, the number of accounts to be turned over to a professional collector will be smaller, the financial results will be better and the relations between physician and patients will be less likely to be disturbed than will be the case if accounts are neglected several months without applying any collection methods.

## Choosing a Collection Agency

The value of a third party in collecting rests on the fact that such a palty is free from the personal relationships that exist between the physician and the debtor and will therefore be more persistent in his methods. The mere reference of an account to such a party carries an implication that the credit rating of the delter will suffer. Another of those secalled "secrets" of collection pracis that any change in collection
methods produces a sort of "jar" on the mind of the creditor, causing a more vivid sense of indebtedness and, therefore, leading to payment. Merely a different colored envelop or stationery, or a change of title of the collector, inserted in a series of collection letters, will, it is claimed, increase the percentage of returns.

## Collection Systems

A criticism that applies to many such systems is the absence of tact and real collecting skill in writing the letters. They are apt to be too harsh and abusive to produce good results, and are prepared in this manner to enable the salesmen to say "that'll fetch "em" when soliciting orders. Unfortunately, experience has shown that abuse and threats are only last resorts in collection work, and often lose more accounts than they collect.

## Financing Corporations

Financing companies or corporations are now making a strong appeal for the physician's business. A typical method of operation consists of a ten-payment plan by which the phy. sician is given a certain amount of cash immediately on the strength of a judgment note signed by the patient and two co-signers. The patient is shown how he can "budget" his medical expense and pay for it monthly out of income.

Physicians and dentists desiring to borrow money from the company

## PUGET SOUND SANATORIUM

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Office telephone-Main 1095
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Sanatorium telephone-Main 118
Puyallup
must obtain from patients who are indebted to them a series of judgment notes. The borrowing physician or dentist is required then by special form of endorsement to become for all practical purposes a co-maker of the note. The lending company scrutinizes the notes submitted to it as collateral for loans.

If, in the judgment of the company, a note is first class, the company will lend to the physician 85 per cent of its face value. If the company fails to collect the note, it returns it to the physician and collects from him the amount loaned by the company, plus interest at the rate of 6 per cent per annum. If the patient pays the notes, interest on their face value is paid by the patient. There is nothing to show that all interest collected by the company from the patient is not retained by the company whether it has made a loan or not. When the notes are paid by and returned to the patient who made them, the doctor is discharged of the debt to the company.

If, in the judgment of the company, a note is a second-class risk, the company will lend the physician at once only 42.5 per cent of its face value.

If, in the judgment of the company, the notes offered by the physician as a collateral for the loan are regarded by the company as bad risks, the company will lend nothing on them, even though they are endorsed
by the physician, but will accept them for collection only. The rate charged for collection does not appear in the papers submitted.

The company seems to assume $a b$. solutely no risk, except such as is in, cident to evaluating the financial haz ards arising out of the moral and fu nancial standing of the physician, for he in the end is responsible to the company, not only for the loan that he has received, but for the full face value of the notes deposited with the company for collection. In making collection, the company seems to render no service whatever other than furnished by an ordinary collection agency. In the way of loans, the company seems to follow the practice required in the loan business general. ly, of requiring a physician to give adequate security for any loan he may receive and of taking into consideration the moral and financial hazats of the physician himself as deter. mined by the physician's own char acter and business standing. There is, however, this distinction: In an ordinary loan, the borrower becomes responsible only for the amount of the loan, while according to the methods used by many finance companies, if the record has been correctly interpreted, the borrower becomes responsible not only for the amount that he borrows but also for the difference between the amount borrowed and the face value of the note. The borrow


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er does not often have the use of the full amount of the loan since interest is deducted in advance.

Demands by physicians for notes from their patients, supplemented by efforts of collection agents to enforce payment of such notes, seem hardly calculated to increase the respect and confidence that a payment may have in his physician. Nothing appears in the record to show that a physician would have substantially less book. keeping under the finance system unless he maintains a highly organized system of accounts under which he might close a patient's account on the receipts of the notes and transfer the charge to "bills and notes receivable," or transfer the charge to an account with the finance company. He must, furthermore, somewhere keep an account of the loans that he obtains from the company which merely com, plicates the system of bookkeeping. In any event, somewhere or other in the physician's books he must follow all indebtedness represented by the notes.

## Codes of Ethics

The examples given should suffice to indicate that many collection contracts and schemes are being maneuvered into use to victimize the med. ical profession as well as the public.

Physicians cannot be too cautious in the selection of collection methods and agencies. The choice must be made between modern ethical busi-

Science, Doctors or Medicine have not found a way to avoid patronizing morticians. When you need their services see the
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ness practices which retain professional respect and unfair, unethical, humiliating and almost illegal means which destroy confidence and good will.
The nature of medical practice makés it impossible to formulate a single collection plan that can be ap. plied with equal effectiveness by every physician. If the economic phase of medicine is to keep pace with the scientific achievements, both the individual physician and medical societies must study thoroughly all questions which have a bearing on medical practice. Means to maintain a high value of physicians' accounts should be studied in every community.

## EDITORIAL

(Continuted from page 2)
curate diagnoses by the sense of smell Before the days of the clinical thermometer the hand was able to detect even slight elevations of temperature.

Auscultation, palpation and per. cussion were the only means of diag. nosis in some diseases, and the sense of touch was very keen and the good physician truly had an eye on the end of his finger. Trained observation of the patient himself and his surroundings and a logical deduction from this observation was of aid. Conan Doyle first learned this art as a medical student, which he later gave to the world through his detective stories.

With all the aids which modern medicine gives us through the X-ray, the laboratory studies of the blood, urine, stomach and intestinal con. tents, metabolism and so on, there is the danger that we may come to regard the patient in the aspect of a test tube or a machine, and, forgetting the human and personal element, neglect to use those powers of observation and examination which we possess and should employ if we are to be able clinicians.

## TACOMA DISTRICT DENTAL SOCIETY

## OFFICERS

President Dr. John McCarthy
Vice President__-_-_-_-D. M. H: Fewell
Secretary-Trensurer $\qquad$ Dr. H. N. Fowler

## COMMITTEES

## Program

Dr. Frank R. Baker, Chairman
Dr. Mark W. Abernethy Dr. J. A. Brewitt

## Executive

Dr. M. H. Fisher, Chairman
Dr. C. O. Terry
Dr. J. B. Schlund
Membership
Dr, Russell Neft, Chairman
Dr. Roger Erickson
Dr. J. J. McLaughlin
Public Information and Legislative
Dr, H. A. Christoffersen, Chaiman
Dr. A. D. Simons
Dr. H. L. Monzingo
Golf
Dr. I. E. Hoska
Dr. H. C. Tollefson
Library
Dr. Paul Nelsen, Chairman
Dr. F. M. Howe
Dr. W. R. Taylor
Bulletin Editor
Dr. A. O. Simone

## Next Meeting-

TUESDAY, MAY 16-8:00 P. M.

## MEDICAL ARTS BUILDING

This is a very important meeting as it is the annual election of officers for the coming year, so jot clown the date and be on hand.

Through the courtesy of the Olsen Dental Laboratory we enjoyed with great pleasure, a movie on Roach Partial Denture construction at our last regular meeting. Those not pres. ent missed something very worth while.

With the advent of the customary sunshine, the bug has again bitten and the boys are shining up the niblics and putters for the annual tournament for the Burkhart Trophy. Dr. Henry Minton, being the winner last year, states that he has had it polished and intends that it shall remain on his mantel for another year. So practice up and see if we can't make him put the old clock back where the trophy now stands.

The Secretary has received notice from Dr. Jeffery that the reduction of one dollar for payment of dues be, fore March 1st, is still in effect until the State meeting in Yakima. So payment of 1933 dues is still in order. If every member knew the part whici. the State Legislative Committee play, ed in protecting our interests at the last session of the Legislature, they would be more than glad to spend the amount of their dues for that protection.

Don't forget the Forty-seventh Annual Meeting of the Washington State Dental Association in Yakima on June 29, 30, and July 1. The boys in Yakima have been working very hard for a real meeting and all they ask us to do is to accept their hospitality.

## ELECTION OF OFFICERS NEXT MEETING

-.Tuesday, May 16, 1933 -
MEDICAL ARTS AUDITORIUM

## TACOMA DENTAL ASSISTANTS SOCIETY

April 6, Mrs. Weinhart, Mrs. Sherman and Mirs. Hatfield drove to Ser attle to attend the monthly meeting of the Seattle Dental Assistants. They served dinner in the Medical Building kitchen, and we found that those girls were some cooks. There had arisen a question in their society as to whether they should remain in the National Association or withdraw. Mrs. Weinhart's object, therefore, in going to Seattle was to heip settle the question. After such a fine dinner she made an extraordinarily good

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speech. She would, you know! The motion carried, to stay in the National, by a large majority.

The Seattle Dental Assistants have their own monthly publication, a current copy of which we saw. It is a very fine little paper with illustra. cions and everything.

Our little president will take a step into the realm of matrimony, May 27. She is marrying Lloyd Sjolander, of the Pacific Savings and Loan Association. For the summer at least they will make their home at Long Branch.

The next meeting of the Dental Assistants will be the annual elec. tion of officers. You will receive no. tice regarding all particulars in ample time, but hold the date-May 4.

## LIBRARY

(Continued from page 3)
welfare, to his protection from abuse and exploitation, to the provision of proper recreation and the prevention of delinquency.

As an example of the attention which the medical man is giving to this matter, we list the following articles, which your library can supply:

Child health and protection from the doctor's viewpoint, E. H. Cary; Journal of Iowa Medical Society 22 : 428-431, September, 1932.

Child health and protection; physiciar's responsibility, A. J. Carlson; Journal of Iowa Medical Society 22:
M. F. Patterson Dental Supply Co.
Manufacturers Agents for products of
S. S. White Dental Mfg. Co. Cleveland Dental Mfg. Co. Ritter Dental Mfg. Co. Amerigan Cabinet Co. Dentiets Supply Co. and many others.
450.452, September, 1932.

Adult adjustments and non-adjustments in relation to their effects upon children, S. W. Hartwell; Mental Hygiene I.6:598-609, October, 1932.

Keeping children well, L. F. Barker; Hygeia 10:789, September, 1932.

Diagnosis and treatment of behaviour disturbances in the home, G. E. Seham; Archives of Pediatrics 49; 354382 , June, 1932.

Psychiatric work with children; present day trends, F. H. Allen; A.merican Journal of Diseases of Children 44:166/175, July, 1932.

Eyes of school children, E. Jackson; American Journal of Ophthalmology 15:901-904, October, 1932.

Modern case finding in tuberculosis, D. S. Brachman; American Review of Tuberculosis 26:89.97, July, 1932.

Management of posture in children, R. H. Wigging; Canadian Medical Association Journal 27:47-51, July, 1932.

Recent efforts to prevent deafness in school children, H. Newhart; Canadian Medical Association Journal 25:314-316, September, 1931.

Surgeon: "Do you want gas?"
Absent-minded patient: "Yes, and you'd better look at my oil, too."

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## NEWS ITEMS

Dr. William H. Goering has announced the continuation of the practice of Dr. E. A. Rich in Orthopedics, Arthritis and Fractures and the removal of the Medical Rheumatic Center from 114 Puyallup Avenue to his office in the Medical Arts Building.

Drs. Penney, Janes and Maddison attended the North Pacific Internists' Association meeting in Spokane on April 29.

Dr. and Mrs. P. C. Kyle announce the arrival of a baby daughter, born on Easter Sunday.

Dr. and Mrs. G. C. Kohl, of Sumner, also have a new baby girl.

Dr. and Mrs. E. C. Yoder left last week on a motor trip through California.

Dr. and Mrs. Cyril Lundvick have left by train for the East, where they have a new car awaiting them in So. Bend, Indiana, which they will use in touring the East before driving home.

Dr. J. S. Davies writes that he is feeling fine and expects to return from Phoenix, Arizona, about the middle of May.

Dr. Sydney MacLean was receiving light treatments on his hands, which drove the poison to his knees, causing him to fall on the Tacoma General Hospital steps, which injured his knees and drove the poison into his tonsils, which were removed, when the poison went into his chest. The latest. report is that the poison has gone into his left wrist. Syd has had about ten doctors on the poison's trail.

Dr. William N. Keller has been appointed to take charge of the Western Washington Hospital at Fort Steilacoom. Dr. Keller was in charge for eight years from 1914 to 1922.

Dr. Edward LeCocq, who has been associated with Dr. Eikenbarry in Se.
attle, specializing in Orthopedic Sutr gery, has opened offices with Dr. W. W. Mattson in the Medical Arts Building.

Mr. C. J. Cummings, Superinten. dent of the Tacoma General Hospital, was elected president of the Washington State Hospital Conference, at a recent meeting in Seattle.

## TACOMA GENERAL HOSPITAL

Graduation time is here again with all the attending functions given in honor of the Seniors. Baccalaureate services are to be held on May 14 and graduation on May 17, the climax of three years' training for the twenty three students who finish.

The spring semester is almost completed, and we wish to thank the following doctors for the courses they have given:

Dr. Magill to the Seniors on Urology.
Dr. D. Johnson to the Intermediates on Obstetrics.

Dr. Creswell to the Intermediates on Communicable Diseases.

Dr. Herrmann to the Intermediates on Surgical Diseases.

Dr. C. McCreery to the Intermediates on Gynecology.

Dr. Duerfeldt to the Intermediates on Diseases of the Heart.

## Ambulance Service

Immediate response at any Moment Day or Night

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Dr. M. Harris to the Intermediates on X.ray.
Dr. Martin to the Juniors on Bacteriology.
We greatly appreciate the time and thought you gave to your lectures and the interest you have shown in us and our work. We know that we have received more than you realize from them and that as we apply the knowledge derived, your lectures will be of more and more value.
George is still in the hospital but is convalescing nicely, we are glad to report.
Under the auspices of the Hospital Service Committee of the Washing, ton State Medical Association, the Washington State Hospital Confer ence was organized at a meeting of hospital administrators at Harborview Hall, Seattle, on Friday, April 7. Membership is limited to menbers of hospital boards of trustees, hospital medical advisory staffs, hospital superintendents and their assistants, and meetings are to be held quarterly. Mr. C. J. Cummings, superintendent of Tacoma General Hospital, was elected president of the new organization, and the next meeting will be held on May 27 here at T. G. H. The pro gram committee, Dr. Brown, superintendent of the Pierce County Hos. pital, chairman, has arranged a very fine program, including round tables on hospital problems, especially stressing group insurance.
Miss Corbett, graduate of Tacoma General Hospital and formerly surgical supervisor at the Northern Paeifich Hospital here, has now taken over the superintendency of the St . Luke's Hospital, Bellingham. Miss Anderson, assistant director of nurses at Tacoma General Hospital, is now in Bellingham acting in an advisory capacity during the period of change. The reorganization of the hospital and the task of putting it on a more staile basis is under the direction of

Mr. Cummings. Modern equipment is being installed and a thoroughly equipped hospital ready to meet all their needs will soon be offered to the doctors of Bellingham and vicin. ity.

## ST. JOSEPH'S HOSPITAL

The regular clinical meeting of St. Joseph's Hospital Staff was held Monday evening, May 1, at eight o'clock. A very interesting paper on Blood Transfusions was presented by Dr. J. A. LaGasa. This paper was discussed by Drs. L. J. Hunt, H. G. Willard, W. B. McNerthney, and M. T. Nelsen.

The members of the staff presented clinical cases and case reports. Dr. D. H. Bell presided as chairman of the committee.

The members of the St. Joseph Alumni will hold their regular monthly meeting May 16, at eight o'clock.

The final examinations of the Se nior Class of St. Joseph Training School are being conducted. Since only those students who pass these examinations will be permitted to take the State Board Examinations, the Seniors are most anxious to make good grades.

A three days' retreat is being conducted for the nurses by Rev. Vincent Carey of St. Martin's College, Lacey, Wash. The conferences on medical ethics and related subjects bearing directly on the life of a nurse are not only most instructive and practical, but are affording the greatest interest to the nurses. Have your
National Geographic Magazines bound at
The Washington Bindery
Fred Hertzberg
5810 South Tacoma Way
GARL/AND 4406

# Preventing Nutritional Anemia in Infants through a Normal DIETARY REGIMEN 

Nutritionat anemia was present in $45 \%$ of the breast-fed and $51 \%$ of the bottle-fed in a group of more than 1,000 infants studied by Mackay. ${ }^{1}$ Although this anemia was of mild degree, it was sufficient approximately to double the morbidity annong the artifccially fed.

Anemia Prevalent
Commenting on this work, the British Advisory Committee on Nutrition writes, "This form of anaemia is prevalent among infants, especially those living under conditions of city life, and is attributed to a deficiency of available iron and possibly also of copper. Its most important feature is susceptibility to infection, particularly a liability to colds, otorthoea, bronchitis, and enteritis, and a tendency for infections to become chronic.'"

Iron, incorpotated in powdered milk, should be given as a routine to botcle-fed infants, according to the recommendations of this committee in a report to the Ministry of Health.

## Milk Deficient in Iron

Stored in the liver of the full-term infant is a supply of iron and copper theoretically sufficient for the first six months of life. But actually the reserve is subject to wide variation, ${ }^{1}$ probably because of variations in the iron content of the mother's diet during pregnancy. Hill, for example, says, "If the mother is anemic herself, or if she has eaten little iron-containing food duting the last months of pregnancy, her off-

|  | IRON | COPPER |
| :---: | :---: | :---: |
| Cow's Milk, 20 oz. $\quad 1.44 \mathrm{mg}$. 0.24 mg . <br> Dextri-Maltose with |  |  |
|  |  |  |
| Vitamin B, 11/2 oz . | 3.60 | 0.855 |
| Mead's Cereal (dry), $1 / 4 \mathrm{oz}$. | 1.70 | 0.09 |
|  | $\overline{6.74}$ | ${ }^{2.185}$ |
| Daily Requirement* | 4.18 | "traces" |

When $1 / 4$ oz. of Mead's Cereal is fed to the 3 months-old infant receiving 20 oz. cow's milk and $11 / 2$ oz. Dextri-Maltose with Vitamin B, a significant increase in iron and copper takes place. spring is born with an insufficient iron deposit. . . ."'s
The trend is also toward the inttoduction of iron-tich solid foods at an early age. The iron content of many foods is variable, however. Leichsenring and Flor' found that children's diets plammed to contain 5 and 8.5 mg. iron actually contained only 3.25 and 6.5 mg., respectively. Mead'sCereal, higher than most foods in iron and containing standardized amounts of this mineral together with copper, can be administered as early as the third month. Clinical studies by Summerfeld ${ }^{5}$ show that Mead's Cereal is capable of increasing the hemoglobin percentage of growing children.

[^2]MEAD JOHNSON \& COMPANY, EVANSVILLE, INDIANA, US.A

## TACOMA SURGICAL CLUB

The regular meeting of the Tacoma Surgical Club was held on April 24 in the Medical Library.
Dr. H. G. Willard gave a paper on "Varicose Ulcer" and Dr. Charles McCrecry reviewed the month's surgical literature.

C. S. Pascoe, Secy.

## Woman's Auxiliary

The Woman's Auxiliary to the Pierce County Medical Society held a very interesting meeting in the Medical Arts auditorium on Thurs day, April 13, with Mrs. Edgar F. Dodds presiding. At the close of the business session Mrs. James A. Lar Gasa, chairman of the Public Relations Committee, introduced Mrs. D. H. Nickson, of Seattle, chairman of the State Public Relations Committee, who discussed Paul DeKruif's book, "Men Against Death." Mrs. Burton Brown gave a short talk on health, and Miss Irene Slade, public health nurse, spoke of the work of the public health nurses. After the program an informal luncheon was given in honor of Mrs. Nickson at the Y. W. C. A.
A Board meeting is called by Mrs. Dodids for Friday, May 5, at 10:00 oclock, at the Medical Arts Building.

Mrs. T. H. Long,<br>Chairman of Publicity.

## TSCHUNKO'S HOUSE OF FLOWERS

Flowers for all occasions
Hospital flowers in containers
Table decorations
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## TESTIMONIALS FOR YEAST

To the Editor:- It has been brought to the attention of the Vienna Medical Faculty that medical testimonials favoring one of the yeast preparations placed on the market by the Fleischmann Yeast Company in New York have been placed at the disposal of this company by certain members of the medical faculty in Vienna, and that these testimonials are spread and misused for advertising purposes in American illustrated and other magazines in quack fashion. Even though the testifiers in question cannot personally be responsible for this misuse, since they have no power of might against the unfair methods employed by the yeast firm, nevertheless the Vienna Medical Faculty in, stituted an extensive inquiry in this matter in June, 1932. The members at fault were officially sharply reproved by the dean, and all members of the faculty were forbidden to give any testimonials intended for advertising purposes in the future.
All of the 328 members of the medical faculty were officially advised of these proceedings. Incidentally, not a single member of the Board of Professors (heads of departments) of the medical faculty is involved in this affair. Seven privatdozents not included on the board, and not one of whom either has the official position of teacher or is in charge of a department, are concerned here. (Privatdozents, according to the statutes of the universities of Austria, are not appointed by the state but merely permitted by the state to teach.)

In consideration of the fact that through the impropriety of these advertisements the reputation and esteem of the Vienna Medical School could be seriously affected among the medical men and people of America, we ask the American Medical Association to take cognizance of the foregoing explanation of the situation and

ப. 5. PロதTAGE
PA!
TACOMA, WASH.

Pierce County Medical Socrely wis Rhodes Medical Arts Bldg. Tacoma, Wash.
to spread this information among its members through its publishing organ, and if possible also publicly.
Prof. Dr. Ernst Pick,
Dean of the Medical Faculty and Director of the Pharmacologic Department.
Prof. Dr. Roland Grassberger, Former Dean of the Medical Faculty and Director of the Hygienic Department. Vienna, Austria.

- Joumal of the American Medical Association Jan, 7, 1933.


## SURGEON LISTS SEVEN WONDERS OF MEDICINE

Seven wonders of modern medicine were listed by Dr. Bowman C. Crow, ell, associate director of the American College of Surgeons, at a community health meeting in St. Louis during the recent annual session of the Col. lege.

The seven wonders are:

1. Immunity or resistance to dis eases.
2. Anesthesia and analgesia giving relief from pain.
3. Antisepsis and asepsis preventing wound infection and blood poi. soning.
4. Knowledge of vitamins and food values.
5. Light and ventilation.
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# BULLETIN of the 

## Pierce County Medical Society and

Tacoma District Dental Society
Vot. III
September, 1933
No. 6

## $\mathbb{P} O \mathbb{R} \mathbb{R} \mathbb{A} \mathbb{S}$

## PIERCE COUNTY MEDICAL SOCIETY <br> Medical Arts Building Auditorium

 8:15 P. M.SEPTEMBER 12
Report of Proceedings of House of Delegates, State Medical Society , - Dr. C.R. McCreery
Progress of Credit Department of Physicians' ${ }^{\circ}$ Dentists’ Business Bureau.
Development and Progress of Local and State Bureaus . . . . . Dr. H. G. Willard
Report of Changes in By-Laws of King County
Medical Society Relative to Contract Practice
Dr. Conner E. Gray, President King County Medical Society
SEPTEMBER 26
Anomalies of the Lumbo-Sacral Spine
Dr. Edward LeCocq
Allergy as Viewed by the General Practitioner Dr. Arthur L. Jacobson, Seattle

TACOMA DISTRICT DENTAL SOCIETY SEPTEMBER 20

> Fircrest Golf Club

Announcement on page 8.
Auditorium Telephone Broadway 3166

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## EDITORIAL

With the session on September 12 the Pierce County Medical Society resumes its regular meetings after the summer vacation. While no scientific meetings have been held the past three months, the functions of the society have gone on uninterrupted. The Business Bureau, the Medical and Surgical Bureau and many of the committees have done even more wrork than in the regular season.

As a result of this work a new credit bureau has been organized which will be of great aid to the members in extending credit and in collect-
ing accounts. Our thanks are due to those who have made this possible not only by their labors but by furnishing: the necessary financial assistance. In this issue Mr. John Schlarb has an article on this subject, which should receive the careful consideration of each member. Tacoma and the medical society have always been well in the front line of advanced medical thought. Our Business Bureau, with its varied departments, was one of the first successful efforts of this nature, not only in the Northwest but in the entire country. Our plan has been studied and adopted by many other county societies. The new credit bureau is an enlargement and improvement of this service and as usual we are among the first to put it into practice.

Among other advanced ideas, we established the Pierce County Medical and Surgical Bureau in 1917 and have been in continuous operation ever since. We do not know of any similar record in any county society. Today our plan of operation has been adopted by many others and there is a movement to include this as one of the activities of the Washington Medical Association. The officers of the Bureau have given freely of their time and are working to improve the efficiency of this organization. Doctor Hopkins presents a summary of this work for your consideration.

With the resumption of our regular bi-monthly meetings let us enter upon the work we have to do with renewed zeal. We are living in troubled times. There are many who are agitating for a change in our methods. The very existence of medical practice as we know it is endangered. We have elected a new president and other officers and they are well aware that many perplexing problems will axise which require solution. They look to us for counsel and support in carrying out a constructive program for the
(Cortinued on page 11)


Looking forward to another busy wintex, the library has several new books to offer.

Most important among these is the new threevolume Obstetrics and Gynecology by eighty leading specialists, edited by Arthur Hale Curtis, of Northwestern University Medical School. Reviewers have accorded this the highest praise and it has been received with enthusiasm by not only the specialist in obstetrics and gynecology but by the general practitioner us well.

Bringing our Bickham's Operative Surgery up to date is the new Volume 7 , which gives such important opera. tive procedures as have become established since the first six volumes were published. Considerable space is devoted to spinal, rectal and ethylene anesthesia and there are chapters on suture and ligature materials and on postoperative care.

Our copy of Volume 2 of Dr. I. S. Ravdin's translation of Kirschner's Operative Surgery is here, also. This book covers the field of abdominal surgery and is beautifully illustrated in colors.

The Collected Papers of the Mayo Olinic always come in during the summer and the new volume is, a.s alpways, of the greatest interest and value. From the papers written during the year those thought to be most
acceptable to the general practitioner, diagnostician and general surgeon have been chosen for the volume.

## 

The newest addition to our books on dietetics is the 1933 edition of Pattee's Practical Dietetics. Those who have used this book have liked it very much, and several have ordered copies of their own.

A new section of the Lewis Surgery, covering surgery of the blood vascular system, by Alton Ochsner, has been received. The first part is devoted to varicosities, the second deals with thrombo-phlebitis and the third with spastic conditions of the arteries.

During the summer we have made arrangements with the editors of several state journais to exchange for our Bulletin. Our little publication is thus justifying its existence in still another way.

In addition to the copies of Northwest Medicine given to us regularly for exchange for other periodicals, which we have previously acknowledged, generous gifts of magazines have come to us during the summer from Drs. Whitacre, Schaeffer, Maddison, Cameron, Kinnear, Warren, Light, Kunz and Engels. Some of these complete volumes for binding and others have been placed in the duplicate files. Our thanks are ex. tended to the donors.

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## The Doctor's Dollar

The credit men have become the custodians of the debtor's dollar, which will buy more today than for many years past, but which will not buy enough to enable the debtor to pay all his bills. People engaged in credit granting or the rendering of serwices on a credit basis are now entering a race with one another to get a part of the debtor's dollar.
Two years ago statistical information in credit work did not include the indebtedness of the public to the medical and dental professions. It was thus impossible to compile complete statistics in this field which would include medical and denta! accounts.

While it was recognized that this was one of the largest credit granting organizations doing business in the country, its actual extent was unknown and no one seemed able to reduce the tremendous mass of professiona! bills to a single comprehen. sive unit which could be interpreted in credit terms.

Everywhere today there is being carried on by credit agencies an organized attempt to reduce all public indebtedness to a single record and to restrict the purchaser to an amount of credit which he can meet. The result of this program gives the credit man control aver the income of the debtor. Having before him the record of the debtor and being able, through eredit agencies, to broadcast that record, he is able to compel reasonable payment in order to get more credit.
Medicine and dentistry cannot escape the consequences of this activ. ity. The control which the credit man now exercises over the expend, thures of the public will absolutely determine where every dollar of the pubblic's income is to be spent. That means that the public's income will be spent largely under the control of
credit men who will enforce payment of accounts which they know to exist. In effect, it is therefore necessary to cooperate with credit associations in order to get a part of the debtor's dollar. This is the function of the Business Bureau.

At the last weekly meeting of the Credit Men's Association of this county, the statistical information which was supplied by the representative of the Business Bureau was first in the order of importance among all the institutions represented there. Through the Bureau the same kind of credit control is now being exercised over the debtor. The statistical and actuarial records of the Bureau which have been built up in the credit department, are now second to none in credit work in the county. The files of the Bureau now contain records of more than fifty thousand persons. From these records it has been determined that the outstanding incebtedness of the public in Pierce County with the medica! and dental professions is in excess of $\$ 2,000,000.00$.
It is known that excess credit precipitated and prolonged the depres, sion: Attempts to control credit are a part of the fundamental program of recovery and reform of the system of credit granting must be recognized hereafter as a necessary part of the new social order.

The vast sum of money which the public now owes to the medical and dental professions is being endangered by the encroachments of credit control in business institutions and the importance to these professions is perhaps not generally appreciated by professional men.

The situation has been reached in modern economics wherein nearly everyone has a debt. Almost all these debts, with the exception of those to the medical and dental professions, are
now being handled collectively thru credit associations. These associations are taking money from the pockets of the public in order to satisfy these debts and the public is submitting willingly to the process because it is thereby enabled to obtain more credit.

Except through the efforts of the Business Bureau the medical and dental professions do not participate in this system, consequently the budgeting of the debtor's dollar under the control of the credit man does not include medical and dental bills, except where it is compelled to do so by the Bureau.

Hitherto, professional bills were not taken into account in determining credit capacities in the sale of mer. chandise, and the attitude of business organizations has been that in granting credit, provision need only be made for the regular expenditures and pay. ments on account of the debtor and not for an irregular and unusual expense such as medical and dental care which could be paid for when the debtor had no other obligations, or never.

The Business Bureau credit depart. ment has become a new and disturbing participant in this field. It has brought about a change in attitude on this point. Through its statistical information it is compelling the patient to recognize and provide for his indebtedness to his doctor, which throws out of gear the budgeting al-

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ready provided for by the retail credit men. The retail credit man has therefore been forced to accept professional debts into his calculations in extending future credit.

This is a conspicuous accomplishment for the professions and has not been gained without some reluctance on the part of retail organizations. Nor will it be possible to consolidate and increase the hold which has been gained on budgeting the debtor's dollar unless the medical and dental professions are fully awakened to the emergency.

The immediate problem of the credit department of the Business Bureau is not in the direction of expansion in retail and other economic activities, but in the improvement and consolidation of its own statistical information. In order to take its place successfully on behalf of the professions in the struggle of distribution of

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the debtor's dollar it is absolutely imperative that the credit department of the Bureau shall truly represent the membership of the Bureaus. In the war which is now being waged in this feld, the credit department cannot come unarmed to the battle field. It must be completely supplied with all of the information in the files of its members if it is to represent them successfully.
The information which is given by the professional member to the Credit Bureau is not used by the Bureau for trading in credit channels and is not divulged to other credit organizations. Its function is to enable the credit department to know where the weak spots in the battle front are to be found.

While none of the information given to the credit department need ever be passed on to other organiza, tions, the credit department is enabled through it to take a part in the budgeting of the debtor's dollar and prevent systematic raiding on the $\$ 2,000,000$ indebtedness to the medical and dental professions which exists today.

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## WASHINGTON STATE MEDICAL BUREAU

At the recent meeting in Seattle, the county units of the State Medical Society adopted the Constitution and By-Laws of the newly created Wash ington State Medical Bureau. The following officers were elected:

Pres., Dr. G. W. Cornett, Yakima.
Vice-Pres., Dr. H. G. Willard, Ta, coma.

Sec. Treas., Dr. R. L. Zech, Seattle.
By virtue of his offee, Dr. Willard will serve as member of the executive committee from Piexce County. Dr. J. B. Robertson and Dr. Horace Whitacre were elected members of the advisory committee.

This new organization is the logical outgrowth of the contract practice situation in Washington and proposes a state wide, constructive control of ac cident and health insurance in indus: try.

With this plan, each county or group of counties becomes a unit with the formation of their local medical bureau. Each county bureau has equal voting strength on the executive board regardless of the size of their membership and has one member of the advisory board for every fifty members in their local medical bureau.

The importance of retaining a maximum of local self-government to each

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bureau has been stressed at the same time allowing for full cooperation with the other county bureaus. through the state bureau.

The securing and proper functioning of state wide industrial contracts will be made possible, thereby working to the mutual advantage of both industry and the medical profession.

Each section of the state has had a share in the plans and purposes of the organization with the Pierce County Medical Bureau giving liberally from their years of contract experience.

The State Medical Bureau starts in a modest manner but should in a short time become a most valued ally to the medical profession of this state.
-L. A. H.

## WOMAN'S AUXILIARY

The first regular meeting of the Woman's Auxiliary of the Pierce County Medical Society will be held in the Medical Arts Building on Thursday, September 14, at 10 oclock. At this time the new president, Mrs. E. L. Carlsen and her fellow-officers for the coming year will be presented and reports of the convention held recently in Seattie will be given, also a report of Mrs. Horace Whitacre on the National Convention in Milwaukee, which she attended.

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## Bulletin Editor

Dr. Rowland W. Hill
The first fall meeting of the $\mathrm{T}_{\mathrm{a}}$, coma District Dental Society will be held on Wednesday, September 20. The afternoon will be a golf invasion at the Fircrest Goif Club. Dinner will be served in the club house follow, ing which Mr. Louis Muscek will present an outline of the N. R. A. in business and a suggested plan as to various ways in which we as a society may co-operate. All members and all dentists eligible to membership are urged to be present.
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## NEWS ITEMS

Dr. R. H. Beach, Chief Surgeon at the Northern Pacific Hospital, has gone east to Chicago. He expects to return before the end of the month.

Dr. W. B. Penney went on a twoweek trip to Alaska this summer.

Dr. Walter Cameron attended the meeting of the Pacific Coast Opthalmological and Oto-laryngological Society at San Francisco, and won the championship golf cup.

Dr. A. E. Hillis spent a week in August at Missoula, Montana.
Drs. E. W. Janes and F. W. Maddison were at Seaside this summer for an outing.
Dr. H. J. Whitacre and family drove east to the A. M. A. convention, then on to Chicago to the Century of Progress, also visiting in Cincinnati before returning home.
Drs. Charles and William McCreery and R. A. Morse also attended the Fair at Chicago.
Dr. D. H. Bell spent his vacation visiting in California and the Dakotas.
Dr. T. H. Duerfeldt, Dr. S. M. MacLean, Dr. O. W. Loughlen, Dr. D. H. Johnson, Dr. C. E. Gray, Dr. J. B. Robertson and Dr. G. M. Steele attended the University Extension Course in Seattle. Through arrangements made by Dr. MacLean each of the internes at the Tacoma General was granted a day's attendance at the course.
Dr. E. C. Yoder attended the Pacific Northwest meeting at Vancouver, B. C.

Dr. W. A. Niethammer plans to go east in about two weeks to take

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some postgraduate work at the University of Michigan, and also visit the Century of Progress in Chicago.

The following doctors from Ta . coma attended the Washington State meeting: A. H. Buis, W. H. Goering, H. G. Willard, L. J. Hunt, W. G. Cameron, E. L. Carlsen, S. M. Creswell, A. B. Heaton, D. M. Dayton, William Dietz, E. F. Dodds, T. H. Duerfeldt, C. F. Engels, J. W. Gullikson, E. W. Janes, C. C. Leaverton, Edward LeCocq, W. B. Mc Nerthney, W. H. Ludwig, C. V. Lundvick, S. M. MacLean, C. R. McCreery, W. A. Monroe, W. D. Read, J. B. Robertson, J. F. Steele, A. C. Stewart, H. J. Whitacre, W. B. Penney, E. C. Yoder, Walter Cameron and A. E. Hillis.

The Pierce County group made a wonderful showing in the Washington State Golf Tournament. The four-man team that was runner up for the championship to Yakima was composed of Cameron, Carlsen, Heaton and Gullikson.

Dr. Leo Hunt sure can pick winners. He took over a car full of fellows and every one won trophies. Dr. Leaverton received a cup for the most points won. Dr. Will Monroe won low net in the Medical Division. Dr. Cy Lundvick won the low net in Eye, Ear, Nose and Throat Division. Dr. Will McNerthney won low net in the Surgical Division. Dr. Heaton won a cup as team captain for the runners up for championship four, man team. Dr. Walter Cameron won the low gross cup in the Eye, Ear, Nose and Throat Division and tied for the low gross state cup. It is reported Dr. Yoder received the largest cup of all for being a contract doctor.

Dr. A. L. Schultz states that the loyal group who have been working out at the Y. M. C. A. all summer welcomes new recruits. Eef you needa stronga, beega muscle, join up!

# Preventing Nutritional ANEMIA in Infants through a Normal DIETARY REGIMEN 

Nutritional anemia was present in $45 \%$ of the breast-fed and $51 \%$ of the bottle-fed in a group of more than 1,000 infants studied by Mackay. ${ }^{1}$ Although this anemia was of mild degree, it var. sufficient approximately to double the morbidity among the artifcially fed!

## Anemia Prevalent

Commentingon this work, the British Adyisory Committee on Nutrition writes, "This form of anaemia is prevalent among infants, especially those living under conditions of city life, and is attributed to a deficiency of available iron and possibly also of copper. Its most itmportant feature is susceptibil-

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It is generally agreed that breast milk and particularl cow's milk are markedly deficient in iron and copper. Buth quhen 1 oz. of Dextri-Maltose with Vitamin B is added to 140 ocow's mill, properly diluted (as at 1 month), the above increase in iron and copper results. ity to infection, particularly a liability to colds, otorrhoea, bronchitis, and enter itis, and a tendency for infections to become chronic." ${ }^{2}$

Iron, incorporated in powdered milk, should be given as a routine to bottle-fee infants, according to the recommendations of this committee in a report to the Min istry of Health.

## Milk Deficient in Iron

Stored in the liver of the full-term infant is a supply of iron and copper theoret ically sufficient for the first six months of life. But actually the reserve is subject to wide variation, ${ }^{1}$ probably because of variations in the iron content of the mother's die' during ptegnancy. Hill, for example, says, "If the mother is anemic herself, or if sh has eaten little iron-containing food during the last months of pregnancy, her off

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| Vitamin B, 11/2 oz. | 3.60 | 0.855 |
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| or Pablum | $\overline{6.74}$ | $\overline{1.185}$ |
| Daily Requirement* | 4.18 | "traces" |

When $1 / 4$ oz. of Pablum is fed to the 3 -months-old infant receiving 20 oz. cow's milk and $11 / 2 \mathrm{oz}$. Dextri-Maltose with Vitamin B, a significant increase in iron and copper takes place. spring is born with an insuf ficient iron deposit. . . . ${ }^{1 / 3}$

The trend is also towark the introduction of iron-rict solid foods at an early age The iron content of many foods is variable, however Leichsenring and Flor ${ }^{1}$ founc that children's diets planie: to contain 5 and 8.5 mg iron actually contained ond 3.25 and 6.5 mg ., respec tively. Pablum, higher tha most foods in iron and con taining standardized amounts of this mineral can be administered as early as th third month. Clinical studies by Summerfeldt ${ }^{5}$ show that Mead's Cereal (of whict Pablum is the pre-cooked form) is capable of increasing the hemoglobin percentagi of growing children.

## ST. JOSEPH'S HOSPITAL

During the summer months the regular clinical meetings of St . Joseph's Hospital Staff have been re. placed by pathological demonstrations given in the laboratory by Dr. C. R. McCoil, pathologist, and in the X-Ray department by Dr. R. D. MacRae, roentgenologist.

Sister M. Cyriaca has been ap, pointed Superintendent of St. Joseph's Hospital in the place of Sr. Exuperantia, who has been transferred to St. Francis Hospital, Trenton, New Jersey.

Registration for the class of 1933. 34 of St. Joseph's Hospital Training School will take place Monday, Sep. tember 11. Classes will begin Monday, September 18.

No small amount of interest has been created in hospital circles this month by the announcement of the decision of our resident anesthetist, Mr. Earl J. Currivan, R. N., to study medicine.

Mr. Currivan is matriculating at Loyola University Medical School in Chicago, and while there intends to visit and study the best schools of anesthesia.

Being a graduate of St. Joseph's hospital, San Francisco, California, he not only enjoys the distinction of be ing the first male nurse to graduate from the school with honors, but also to be the first resident male nurse

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anesthetist on the Pacific Coast. He feels nursing has been a "stepping stone" and in entering medicine he is not saying "adieu" to the profession but is simply expanding and broadening his knowledge in a wider field.

St. Joseph's wishes him success and will look forward to the day when he is numbered among the medical anesthetists on the Pacific Coast.

## TACOMA ANATOMICAL \& PATHOLOGICAL SOCIETY

The former and present internes of the Tacoma General Hospital will be banqueted Thursday evening, September 7, at the Union Club, by Mr. S. M. Jackson.

This is the fourth annual banquet given by Mr. Jackson for this group and honor guests, Mr. C. J. Com:mings, Drs. Martin and Harris.

Out of this group has been formed the Anatomical and Pathological Society, which has been meeting twice a month for the past two years. This year's study will be an intensive study of the Central Nervous System:
P. C. KYLE, M. D., Sec'y.

## EDITORIAL (Continued from page 2)

 good of all. We have every reason to be proud of our organization. It has a glorious past, the future is full of promise, the present is just what we make it.There is no one thing which is so indespensable to a doctor of medicine as his county medical society.

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# Pierce County Medical Society 

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## TACOMA GENERAL HOSPITAL

The school year has again begun at the Tacoma General Hospital School of Nursing．Twenty－three prelimin－ ary students were admitted September 5 th with classes beginning the nex： day for all students．

The first meeting of the Washing． ton Hospital Conference was held here at Tacoma General Hospital on May 27 th with an attendance of about one hundred．After a program in the morning and a tour of hospital departments，dinner was served to the delegates．In the afternoon，sessions were held in the auditorium of the Medical Arts Building，consisting mainly of round table discussions on present day hospital problems，the most outstanding being contract medicine．We were pleased to have Mr．Alden Mills of Chicago，travel－ ing representative of the Modern Hospital，with us as the meeting．

We are happy to say that George is up most of the day now，and work－ ing around the X－Ray Department． Many years of good health is our wish for you，George．

We are indeed proud of the new encyclopedia that has recently been purchased for the school library，thus fulfilling a long felt need．The li－ brary now contains 449 volumes of reference books as well as subscrib． ing to nine professional magazines． These are in constant circulation and are of great benefit to the student body for further work in their vari－ ous lecture courses and classes．

## TACOMA INTERNISTS＇ SOCIETY

The September meeting will be held a week later than the usual date，or September 26．Following dinner at 6：15 at the Hotel Win． throp，the society will adjourn to the Medical Arts Auditorium，attending the regular meeting of the Pierce County Medical Society，at which Dr． Arthur L．Jacobson，of Seattle，will speak in＂Allergy as Viewed by the General Practitioner．＂

> FRANK R. MADDISON, Chairman,

S．M．CRESWELL， Secretary－Treasurer．

Communicable Diseases JULY， 1933
Mumps
Smallpox ..... 1
German Measles ..... 1
Chickenpox ..... 9
Measles ..... 4
Scarlet Fever ..... 8
Whooping Cough ..... 12

Professor：＂What did you gnd out about the salivary glands？＂

Student：＂Not a thing，Professor； they＇re too darn secretive．＂

## BULIETIN of the <br> Pierce County Medical Society and <br> Tacoma District Dental Society

VoL. III
October, 1933

## $\mathbb{P} \mathbb{R} \bigcirc \mathbb{G} \mathbb{R}$ A M ( S

 OCTOBER 24
Acute Encephalitis Lethargica - Dr. A. C. Steware Case Report: Acute Suppurative Pancreatitis

Dr. Jess Read
Acute Osteonyelitis
Dr. W. H. Goering

TACOMA DISTRICT DENTAL SOCIETY
Medical Arts Building Auditorium
7:30 P. M.
OCTOBER 17
Refring Gold . . . . . . Mr. D. A. Somerville High Lights of the Journal - Dr. J. J. McLaughlin Questions on Porcelain . . . Dr. H. C. Tollefson Porcelain Technic - . Dr. W. A. Gamble. Seattle

Auditorium Telephone Broadway 3166

TACOMA, WASHINGTON

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1933-1934
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r. R. D. Wright

## Membership



## EDITORIAL

N. R. A. has been defined as an effort to set up an ethical standard for all business. Not only does the plan contemplate the sanction of fix. ing a reasonable price for goods and merchandise and a fair return in wages to employees, but it seeks to eliminate unfair practices such as selling below cost, misrepresentation of goods, untruthful advertising and such procedures as are a detriment to business and unjust to the public.

Happily; the practice of medicine does not need to apply for a code. The application of the healing art is
a profession and not a business. Builded upon a sound foundation of equity and justice, the accumulated knowledge of the past has handed down a heritage in a system of ethics which experience has proved a proper guide of conduct in the relations between the doctors themselves and between the practitioner and his patient.

There is a great deal of discussion at present about how the N. R. A. program will work. Many are of the opinion that the scheme is too. Utopian to be put to use in the present state of society. It is true there will be violations of the many different codes and subterfuges of compliance to gain a dishonest advantage, but it is a great ideal and an earnest effort to give a square deal to all alike, the industries, the laborers and the con. sumers.

Medical ethics have, of course, been flagrantly violated in the past and are being flaunted today by some in the ranks of medicine, but among the large majority their observance has been the rule and this has tended to keep the profession as a whole on a higher plane than any business or other profession, except perhaps the clergy. During these times of unrest, when insurance companies and health associations are attempting to muscle in on medical practice the good old golden rule of ethics offers a safe guide for the conduct of the individual doctor.

Following these precepts, he will not enter upon a contract or pursue a line of conduct which, while giv ing him a temporary advantage, will be detrimental to all and ultimately cause injury to himself. By a scrupulous regard for the welfare of his own profession and continuing the good work of extending credit, giving free service to the poor and contributing to relieve distress, the physician may proudly say with his fellows,

[^3]
## AN OPINION

The Pierce County Medical Society is in an economic muddle. Our position is not unique; all Medical Societies are similarly situated. Neither is it due to any recent change, as we have always been that way. The only difference is that our members now recognize the fact and are willing to do something about it. We can thank the depression for raising us out of our easy-going complacency and forcing upon us the realization that up to now we have been content to drift instead of rationally plotting our course.

As I see it, a Medical Society has, broadly speaking, only three functions: First, the scientific advancement of its members; Second, the passing on of the benefits of this scientific advancement to the public; Third, the securing for the members of a just return for their energy ex. penditure.
The Eirst two functions have always been and still are fulfilled. They are guaranteed by the sense of human responsibility inherent in the Med ical Profession, and if this sense should ever be blunted, their guarantee would be continued by the same factors that govern good business in any line.

The third function of the Medical Society, viz., that of securing justice for its members, was probably not thought of when the first society was formed, and this lack of thought at that time probably implied a lack of need. Times have changed but the change was not coincident with the depression; its beginning antedates 1929 by many, many years.
What caused the change in the reWation between doctor and patient? Doubtless there have been many factors, but, in the opinion of the writet, the biggest factor has been and still. is a lack of appreciation by the doctor himself, of that which is his
due. This lack of appreciation of their own worth by doctors themselves has very naturally been refiected in the attitude of the public, with the effect that they have been singled out as a profession whose duty it is to give of their services without much, if any, thought as to the financial return.

Some person, himself comfortably situated, has a friend, a relative, a neighbor or an acquaintance who is down and out financially; his roof leaks, his cupboard is empty, his clothes are ragged and he is sick. Some way money is found to pay the carpenter, grocer and clothier but the doctor is expected to, and usually does, give his services free.

Not being content to work individually, many organizations have as an evidence of their philanthropic tendency, activities which tend to seek out, and herd in, any and all individuals afflicted in any way, for medical treatment. The individual and organization methods are iden. tical: pay the rest and thank the doctor.

Although it is obviously unfair, even this state of affairs could be borne, were it not for the ultimate result. Mr. Blank got a real thrill seeing Mr. Blanker get well. The "Cavaliers of San Juan" succeeded in finding ten little Blankettes last month; they must both double their record next month. What is the re sult? Unintended but inevitable pauperization of innumerable individuals, with an appalling increase in the medical and general charity load. This could be elaborated indefinitely but you all know the details as well as the writer.

The foregoing is not meant to refer to the ordinary proper charity work that every doctor is glad to do for those of his own clientele and for the good of his own soul; it refers rather to the character of work that
in all fairness should be considered a public burden,

In addition to the unfair proportion of the general pseudo and legitimate charity load saddled on the medical profession, we have another obstacle which must be overcome to take us out of our muddle. I refer to the question of contract medicine.

Six months ago I could have written a solution to the whole problem in fifteen minutes; today I know just enough about it to realize that the problem is too big for me.

It has become obvious to anyone who will take the time to investigate that the present chaotic contract sys, tem is not good for three groups of people: the patients under contract, the contract doctors and the noncontract doctors.

The Board of Delegates of the Washington State Medical Association went on record as indorsing the principle of health insurance and took the wise precaution, as outlined in Dr. Horace Whitacre's paper, of safeguarding that endorsement by qualifications. If the qualifications be carried through, no sane man will object to the endorsement of the principle; but those qualifications should have their final interpretation in turn, endorsed by the medical men at large, before their adoption as a working basis.

Professional inertia in economic matters placed us in our present unenviable position. An hysterical wave of misdirected effort, based on the present national economic condition, will result only in future embarrassment, while unhurried but energetic constructive thinking, leading naturally to the formulation and adoption of fair and logical policies controlling the relationship of doctor to doctor, and doctor to patient, can have but one result: the safeguarding of the interests of all the patients and every doctor.

The economic problem of this and other Medical Societies will be solved only when we have the correct an swers to these three questions: Medical Charity, Contract Medicine and Health Insurance. How shall they be answered?

In ordinary times this Society, as nearly all others, is composed of three groups of members: those who do things, those who do nothing, and those who do nothing but criticize. (The writer frankly admits of belonging to all the groups at one time or another in the last twenty four years.)
Under ordinary conditions, thanks to the first named group, we get along fairly well. Under present existing conditions we need all the brains in the Society at work.

Membership in this County Soci. ety means both privilege and responsibility and each member owes it to himself and to his Society to do three things: First, Inform himself regard. ing these basic problems; Second, Do his own thinking; Third, Give the Society his honest conclusions.

> W. Weldon Pascoe, M. D.

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## THE BUSINESS'BUREAU

## THE BUSINESS BUREAU PROGRAM

John Schlarb, Jr.

The results of two and one-half years of work on the part of the bureau, reported to the Pierce County Medical Society at its meeting September 12 th, indicate very clearly the need for a further program of inves. tigation.
A serious evil exists in the present method of practice, which is divided into three groups, or economic divisions, according to the method by which the care is paid for: (1) Pri. vate practice, (2) Industrial insur. ance, and (3) Charity.

The frrst of these divisions, private practice, is made the vehicle to carry the other two which cannot carry themselves. Furthermore, the tendency is to increase the burden on private practice by extending charity and underpaid insurance care. The solution of these evils is a problem. It is not through indifference but through lack of knowledge that the situation exists.

It is apparent that the study of this evil represents only one fundamental problem, namely, determination of the means and method of payment for medical care, and that this problem includes all three economic groups. The solution is to be found by devising a means of relating medical care to employment.

Collection and credit problems in private practice, rate fixing and limitation of the field in industrial insurance, and investigation, restricthion, budgeting and control in char-
ity work are but parts in the same undertaking and must be approached by concerted action along a single front.

It is not that the medical profes. sion demands a larger fee from society. It has been clearly shown that the price paid is now enough. The difficuity is that there is no control over the relation between the care needed and given, and the ability to pay for it. This is the special field of work which the Business Bureau is now facing.

There are a large number of social welfare organizations functioning in the county, with very little co-ordination of activities. These organizations are accustomed to dealing with indigency as a matter affecting that part of the population which is unemployed.

The studies of the Bureau have shown that medical indigency is a different matter. In the medical sense, indigency may exist coincidentally with full employment in the form of emergency need or prohibitive cost.

The problem limits itself to the centralization in one agency, of so-cial-economic appraisal of the patient. Since all three divisions, private practice, industrial insurance and charity, involve the same people identically, the means of handling them must be found and can only be found in research and the collection of statistics from all sources on one record and to be subjected to one in terpretation.

There is at present a gross failure in this respect. The solution of this difficulty will necessarily be the func tion of the Business Bureau as no other agency organized at present can successfully undertake it.

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HOURS 11:00 A. M. TO 3:30 P. M. TELEPHONE - BROADWAY 3166 HLanche L. DeWity, Libraryan

On another page of this month's Bulletin you will find the roster of the Pierce County Medical Society, with the suggestion that you retain this list for future reference.

You may also like to have for your files a list of the periodicals received in the Medical Library. It is as follows:
American Journal of Cancer
American Journal of Diseases of Children
American Journal of Obstetrics 8 Gynecology
American Journal of Ophthalmology
American Journal of Roentgenology
American Journal of Surgery
American Journal of Syphilis
American Journal of the Medical Sciences
American Review of Tuberculosis
Annals of Internal Medicine
Annals of Otology, Rhinology $\varepsilon$
Laryngology
Annals of Surgery
Archives of Dermatology \& Syphilology
Archives of Internal Medicine
Archives of Neurology Psychiatry
Archives of Ophthalmology
Archives of Otolaryngology
Archives of Pediatrics
Archives of Surgery
British Journal of Ophthalmology
British Journal of Surgery
British Journal of Urology
Bulletin of the American College of Surgeons
Bulletin of the American Medical Association
Bulletin of the American Society for the Control of Cancer
Bulletin of the National Tuberculosis Association
Bulletin of the New York Health Department
Califfria Ej Western Medicine

Canadian Medical Association Journal

## Contact Point

Current Researches in Anesthesia and Analgesia
Diplomate
Health Examiner

## Hygeia

Illinois Medical Journal
Johns Hopkins Hospital Bulletin
Journal of Allergy
Journal of Bone $\xi^{3}$ Joint Surgery
Journal of the American Medical Association
Journal of the Iowa State Medical Society
Journal of the Medical Association of Georgia
Journal of the Missouri State Med. ical Association
Journal of Urology
Kentucky Medical Journal
Lancet
Medical Builetin of the Veterans" Administration
Medical Clinics of North America
Medical Economics
Medical Journal \&if Record
Mental Hygiene
Minnesota Medicine
Nebraska State Medical Journal
New England Journal of Medicine
New York State Journal of Medicine
Northwest Medicine
Ohio State Medical Journal
Physiotherapy Review
Proceedings of Staff Meetings of Mayo Clinic
Public Health Reports
Statistical Bulletin of the Metropolitan Life Insurance Company
Surgical Clinics of North America
Surgery, Gynecology 8 Obstetrics
Texas State Journal of Medicine
United States Naval Medical Bulletin
Urologic © Cutaneous Review
Venereal Disease Information
Virginia Medical Monthly

## TACOMA DISTRICT

 DENTAL SOCIETYOFFICERS


Dr. J. A. Brewitt
Dr. A. K. Stebbins
Golf
Dr. M. H. Fewell ${ }^{\text {Dr. }}$ A.
Dr. Orin Simons

## Library

Dr. Clifford Spike
R. Taylor, Chairman

## Bulletin Editor

Dr. Rowland W. Hill

The Tacoma District Dental Society held its first meeting at the Fircrest Golf Club Wednesday, September 13. A golf match preceded a splendid dinner and about fifty members turned out for the event. During the afternoon the golfing mem ${ }^{-}$. bers battled for the Fisher Cupwhich, according to Dr. Fisher, holds just a quart. It was won by Dr. 'Jack Siegel. Jack trained for the event all summer digging clams and stripping for salmon. It was regretted that Dr. Fisher was locked in the dining room and was unable to personally present the cup. Dr. A. K. Stebbins came in second best and received a certificate for laboratory

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work as did Drs. Johnson, Terry, Friedman and Willbur. Several golf balls were distributed among the needy.

The various laboratories donated the laboratory work certificates.

Following this we were entertained by a very fine talk by Louis Mus cek, attorney, on the N. R. A. as it affects the professional man. Mr. Muscek gave us many helpful sug. gestions regarding the handling of "Chiselers."

Dr. Hedberg led in the discussion, with several others coming in a poor second.

Many of the well to do dentists, as has been their custom, spent the summer at various beaches. Among those who burned up the pavement to the Municipal Dock at about 10 after 5 to catch the palatial yacht, "Concordia," to Quartermaster Harbor and way points were Drs. McGovern, Minton, Sayre and Friers.

At points farther west in and about the Narrows, Drs. Abernathy, Siegel, and Howe were seen taking their daily dips in those tepid waters.

Drs. Fewell, Johnson, Erickson, Fowler, Connor, Tollefson, Friedman and McLaughlin endeavored to improve their golf game this summer, but with very scant and meager re sults. Supply Co.
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S. S. White Dental Mgg. Co. Cleveland Dental Mfg. Co. Rutter Dental Mfg. Co. American Cabinet Co. Dentists' Supply Co. and many others.
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## TACOMA DENTAL ASSISTANT NEWS

The first meeting of the Tacoma Dental Assistants Society was held in the office of Dr. Milton Fisher at 8:00, September 7. We had a grand time talking over Edith's trip.

The Dental Assistants of the Ninth District and Tacoma were rep. resented at the Dental Conference in Chicago by Edith Weinhart, and believe me she certainly did it up in a big way. The night of the big banquet Edith received the Oral Hygiene Trophy for the Oakland Society; she then proceeded to the Fair escorted by none other than Dr. G. Layton Grier of the Caulk $\mathrm{C}_{0}$. He took her aboard Byrd's famous ship that went to the Antarctic. Then on to Ben Bernie's Casino; she was introduced by Ben over the air as the winner of the Oral Hygiene Trophy. And is she the lucky lady? The following night she met Buddy Rogers. Believe me, Edith's trip was chuck full of thrills just like these.
The next meeting of the Tacoma Dental Assistants will be at the home of Mrs. Helen Watson Sjolander at 2120 North 21st. Mrs. Weinhart is going to give her personal impressions of the Ceritury of Progress. We promise this to be good.

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## MEDICAL SOCIETY EXHIBIT AT WESTERN WASHINGTON FAIR

It was the privilege of the Woman's Auxiliary to supervise the booth at the Fair in Puyallup on September 18 to 24 for the Pierce County Medical Society. Such a project is a noteworthy event in education along health lines and the interest of the general public was abuidantly shown by the thousands of visitors concerned in the exhibits and by the nature of the questions asked.

The exhibition of a reproduction of the celebrated painting, "The Doctor," by Sir Edward Fildes, attracted appreciative attention, as did the colorful series of pictures illustrating old-time medical practice and care.

We are indebted to the Metropolitan Life Insurance Company for its very generous contribution of attractive health booklets which covered a great variety of subjects. It is interesting to note that many inquiries were made for special material on diabetes, anemia and infant care.

We are also indebted to the American Medical Association for 1,000 copies of Hygeia for free distribu tion. Visitors remembered Hygeia from the previous year and many persons asked for copies. An interview with a Boy Scout Troop Master disclosed the fact that all of his health talks to his Scouts had been based upon articles from three Hygeias which he had procured at the booth in 1932. Such a leader is entitled to a full subscription, with twelve monthly copies! An alert Stadium High School girl remarked that she wished there might be more Hygeias in the High School Library - the single copy was in such demand! A little old lady expressed the hope that Hygeia contained some funny pictures and stories with which to entertain her granddaughter-it developed
that the granddaughter was a babe of eighteen months.

This literature, together with other material supplied by the American Medical Association and leaflets on Cancer and Tuberculosis, was distrib-uted-almost entirely to adults-to the extent of some 5,000 copies.

The Tuberculosis League of Pierce County contributed greatly in making the booth a success. Miss Stella Kellogg took entire charge of the "movies," showing the reels frequently during the day and the early evening. These valuable health films proved a most attractive and crowddrawing feature.

The Public Health Nursing Association provided an interesting statistical display poster, as well as a visiting nurse for each day of the Fair.

Members of the Auxiliary were in constant and faithful attendance in the booth. During the week forty, five doctors' wives were called upon and responded, while the members from Puyallup and Sumner assisted during the opening and closing hours. All members are to be commended for their service and their interest in the project. King County Auxiliary gave full co-operation, and, headed by their president, furnished attendants for Seattle Day, September 21.

The exhibit, undertaken last year as an experiment, has proven to be a project well worth the effort, and

it is suggested that next year Pierce County Medical Society may venture upon a demonstration of a more scientific character, and one of more compelling medical education to the general public.

> Respectfully, submitted,

Mrs. Edgar F. Dodds,
September 28, 1933.

MINUTES OF REGULAR MEETING OF PIERCE COUNTY MEDICAL SOCIETY
September 26, 1933
The regular meeting of the Pierce County Medical Society was held in the auditorium in the Medical Arts Building on September 26, 1933, with Dr. W. Weldon Pascoe, President, in the chair. Minutes of the previous meeting read and approved.

A paper on "Anomalies of the Lumbo-sacral Spine" was read by Dr. Edward LeCocq. Dr. LeCocq gave a description, illustrated with lantern slides, of the various anomalies of the lower spine, with suggestions as to diagnosis and treatment. The pa per was discussed by Dr. Hards.

Dr. Arthur L. Jacobson, of Seat tile, read a paper on "Allergy as it Should be Viewed by the General Practitioner." Dr. Jacobson covered the general subject of allergy in an interesting and instructive way and called special attention to those symp. toms and conditions which he thought should be observed by the general practitioner. The paper was discussed by Drs. Maddison, John Steele, Duerfeldt, Hermann, Bell, Kinnear and Drues.

The transfer of Dr. Edward Le; Cocq from the King County Medical Society was read and accepted.

The application of Dr. Jesse W, Read was ballotted upon and he was unanimously elected.

The secretary reported that the Board of Trustees had met, as authorized by the society at its last meeting, to consider changes in by, laws as adopted by the King County Medical Society, and stated that the Trustees had unanimously approved of the following resolution:

RESOLVED: That the Trustees present proposed changes in the bylaws so that they will have the same effect as those published in the September 18 issue of the Bulletin of the King County Medical Society, of Article 3, Article 13 and Article 15, and that these be recommended for consideration by the Pierce County Medical Society.

Dr. Murphy moved that every so often the society have a social evening after the regular meeting. The motion was seconded by Dr. Schultu, and after some discussion was unanimously carried. Dr. Murphy was made chairman of a special commit tee to arrange such evenings.

It is requested by the President of the Society that each nember read the above proposed changes as published in the September 18 issue of the King County Medical Society Bulletin.

Patient: "The size of your bill simply makes my blood boil."

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## TACOMA GENERAL HOSPITAL

At the recent American Hospital Association Convention in Milwaukee, announcement was made of a new organization among hospital ad. ministrators, namely, the American College of Hospital Administrators. This organization bears the same relation to the A. H. A. as the American College of Surgeons and the American College of Physicians do to the American Medical Association. Membership is by invitation only and is limited to experienced hospital administrators who meet definite standards. The Superintendent of Tacoma General Hospital, Mr. C. J. Cummings, is one of the charter members of the American College of Hospital Administrators and represents the State of Washington on the Board of Governors. On September 14, Dr. Karl H. Van Norman of Harborview Hospital, Seattle, and Dr. A. K. Haywood, of the Vancouver General Hospital, Vancouver, B. C, were elected regents by the Board of Governors. To date these three are the only members of the College in the Northwest. Much is to be expected from this new organization, especially from the recognition it will give to experienced and qualifed hospital superintendents.

We are happy to see Dr. Dale Martin, Pathologist, back on duty again after a long siege of illness.

Dr. Milo Harris, Radiologist, is at present on vacation, spending his time driving to the East.

Dr. Towers, of Roy, is a patient in the hospital, but is reported to be progressing nicely.

The Thursday morning Medical Clinics were resumed on September 21, with Dr. Turner in charge of the programs. The attendance at these clinics has increased markedly and a profitable and interesting series of
programs is anticipated for the coming year.

This has been a month of change in the nursing staff of the hospital. Two supervisors have resigned to be married, namely, Miss F. Johnson, formerly Night Supervisor of Obstetrics and more recently Night Supervisor, and Miss L. Westborg, Night Supervisor. Miss Huggins, Super, visor of Third North and Pediatrics, has resigned to attend the University of Washington preparatory to doing post graduate work at the Harborview Hospital, Seattle. Miss Laura Gibson, a graduate of Hayden Hospital, Indiana, with post graduate work at Harborview Hospital as well as supervisory experience there and at the Children's Hospital, Denver, Colorado, is the new Night Supervisor, with Miss E. Swanson in charge of Obstetrics at night. Miss Beatrice Blakestad, who is replacing Miss Huggins, is a graduate of the St. Olaf Lutheran Hospital, Austin, Minnesota, and has also had post graduate work and experience at Harborview. Miss Paulson, relief anesthetist for the summer, is now on the staff permanently.

A recent articles in "Time" entitled "Facts of Birth" aroused considerable comment and was responsible for the following illustration of how a severe mental or physical shock received during pregnancy by the mother may affect the child even to the point of causing deformity. An expectant mother was living in a public boarding house in a small town in the western part of North Carolina several years ago. Her room was on the second floor of the house. There was only one bath on the second floor, which was used by all those who ocupied that floor. One afternoon this woman went to the bathroom to bathe. When she opened the door she saw a naked man in the tub. Three months later her baby was born without any clothes on.

## ST. JOSEPH'S HOSPITAL

The St. Joseph's Hospital School of Nursing has resumed its regular fall schedule. Twenty-nine students matriculated September 11, and are adjusting themselves to their new environment quite readily. An unusual spirit of interest and enthusiasm is being manifested by the older students, who are now better able to appreciate the valuable material presented to them in the splendid lectures which they are receiving from our doctors.

Our new chemical laboratory is ready for use. Although small, it is adequate for our present needs and contains all the necessary equipment.

The Eli Lilly \& Company have very generously sent us five dozen copies of their pamphlet on Diabetes Mellitus, which presents the method of dietetic management and the use of insulin. This book is easy to read

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and is at the same time sufficiently comprehensive as a practical clinical guide. Through the courtesy of the same company we have received five dozen copies of The Elements of Biological Therapy. We appreciate this generous contribution and feel certain that these books will facilitate the study of their respective subjects.

Our new encyclopedia has provided us with an authoritative reference worl with the highly desirable qualities of conciseness and common usableness. Another valuable addition to our library is the Harvard Classics which furnish material for education, inspiration, and entertainment.

The project of furnishing a new recreation room for the durses is proving very interesting. It has not only afforded the students an opportunity for developing a spirit of helpfulness and ingenuity, but has encouraged them by proving that they have many friends who are interested in their welfare.

## TACOMA SURGICAL CLUB

The September meeting was held the evening of the 25 th in Pierce County Library rooms.

Dr. Herrmann presented a very interesting review of the anatomy and functions of the colon.

Current literature was discussed by Dr. Dodds, who called particular at-
tention to the special article by Dr. Walter E . Dandy on head injuries, appearing in the Journal of the American Medical Association, issue of September 2. All members of the profession are urged to read this.

New members of the Club, Dr. C. D. Hunter and Dr. W. B. McNerthney, were present.

The regular October meeting will be held the evening of the 23 rd .
R. D. Wright, M. D., Sec.

## TACOMA ANATOMICAL \& PATHOLOGICAL SOCIETY

The Tacoma Anatomical and Pathological Club will meet Thurs. day, October 5, 1933, at 7:30 p. m.

Subject: Surface Anatomy of Brain, including the external config. urations of the cerebral hemispheres and the location of cortical functions.
P. C. Kyle, Sec.

## TACOMA INTERISTS' SOCIETY HOTEL WINTHROP

Octaber 17
6:30 P. M.
Dinner
Program
"Constipation"-J. R. Turner, M. D.
Discussion to be opened by
E. W. Janes, M. D.
S. M. Creswell, Sec.

Science, Doctors or Medicine have not found a way to avoid patronizing morticians. When you need their services see the

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510 Tacoma Ave.


If this tired, worried, over worked mother were using Pablum for her babies' cereal feedings, she could have slept that extra much-needed hotar instead of losing her temper while her children clamor for breakfast For she can prepare Pablum in an instant, directiy in the cereal bowl, simply by adding water or milif of any temperature-salt, cream and sugar for the older child and herself.

Getting up an hour earlier in the morning is an inconvenience for most persons, but for the mother of young babies it is a hardship, sometimes almost tragic, frequently nullifying the best-planned pediatric advice.

This is especially true in the case of the nursing mother whose supply and quality of breast milk are affected by emotional shocks resulting often in agalactia and sometimes giving rise in the baby to diarrhea, colic, and even convulsions. Furthermore, the mother's emotional stress brings about a train of behavior on her part which is reflected in the child's psychologic reactions so that a vicious circle of bad habit formation is set up.

From this angle, the recent introduction of the pre-cooked form of Mead's Cereal, known as Pablum, assumes new
importance in the doctor's psychological handling of both mother and child, quite aside from its nutritional value. ${ }^{\text {* }}$

Because Pabluma can be prepared in a minute, the mother can sleep the extra hour she would otherwise be compelled to spend in a hot kitchen cooking cereal Added rest means better poise, so that petty annoyances do not bring jaded nerves. Prompt feedings prevent many childhood tantrums, and a satisfied baby usually eats better and enjoys bette digestion and growth.
> *Like Mead's Cereal, Pablum represents a grea advance among cereals in that it is richer in wider variety of minerals (chiefly calcium,'?phos phorus, iron, and copper), contains vitamins A $B, E$, and $G$, is base-forming and is non-iri tating. Added to these special features, it adequate in protcin, fat, carbohydrates, ant caloris. Pablum consists of wheatmeal, oat meal, cornmeal, wheat embryo, yeast, allalf; leaf, and beef bone.

## NEWS ITEMS

Dr. Milo Harris, Roentgenologist at the Tacoma General Hospital, has been attending the combined meetings of the American Roentgen Ray Society, the North American Radiological Society and the American Radium Society in Chicago. He also will visit old friends at the Mayo Clinic before returning.

Dr. Ross Wright, of the Northern Pacific Hospital, is going to Chicago to visit the Century of Progress and attend the meeting of the American College of Surgeons.

Dr. Hendry, of the Indian Hospital, and Mrs. Hendry are the proud parents of a baby boy.
Dr. R. S. Sleep, resident physician at the County Hospital, has recently married and he and Mrs. Sleep are spending their honeymoon in California.

Dr. C. R. Fishel is in Chicago, attending the combined Radium and Radiological Society meeting. Dr. Fishel intends to visit his old home near Columbus, Ohio, before return. ing home.

The Tacoma General Hospital in. ternes are having a three months rotating service at the County Hos. pital this year. Dr. Bunney finished his service on October 1 and Dr. Pribble will serve for the next three months.

Dr. Burton Brown, of the County

LANIIS Shoe Rebuilding Co. quality - SEIVICE WORKMANSHIP

MAin 6318

Hospital, reports that the hospital budget has been sliced in half for the coming year and he does not know how many bars will be up after January 1.

Dr. Edgar F. Dodds and Mrs. Dodds are on their way to Chicago to see the Century of Progress and attend the American College of Surgeons meeting. They wil take delivery of a new car and drive home, arriving about October 20.

Drs. Maddison, Janes, Turner and Perney expect to attend the Pacific Northwest Internists' Society meeting in Vancouver, B. C., in October. Dr. Maddison will read a paper on "Diabetes."

Dr. W. H. Goering attended the recent meeting of the Paçific Northwest Orthopedic Society in Port. land.

Dr. Tom Murphy made a motion which was carried at the Pierce County Medical Society meeting last Tuesday right, to periodically have a night of fun and entertainment This is a good idea. However, Tom will bear watching, especially at the first meeting, if he tries to start a poker game. The other night he played poket and lost twenty dollars; when he got home he found ten dollars' worth of chips in his pocket he forgot to turn in, and he still has those chips.

Dr. W. A. Niethammer and family left on September 21 to visit at Dr. Niethammer's old home at Ann Arbor, Michigan.

A few more doctors are needed and we would have a volley ball team at the Y. M. C. A. par excellence.

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Professors Drummond and Hilditch have recently confirmed that for high vitamins A and D potency, Newfoundland Cod Liver Oil is markedly superior to Norwegian, Scottish and Icelandic Oils.

They have also shown that vitamin A suffers considerable deterioration when stored in white glass bottles.

For years, Mead's Cod Liver Oil has been made from Newfoundland Oil. For years, it has been stored in brown bottles and light proof cartons.

Mead's 10 D Cod Liver Oil also enjoys these advantages, plus the additional value of fortification with Mead's Viosterol to a 10 D potency. This ideal agent gives your patients both vitamins A and D without dos. age directions to interfere with your
personal instructions. For samples write Mead Johnson © Company, Evansville, Ind., U. S. A., Pioneers in Vitamin Research.

The eminent alienist recognized the thug who was holding him up.
"Look here," he protested. "I'm your benefactor. Don't you recall that I once saved you from a life sentence by proving you crazy?"
"Sure, I remember you now," the thug said as he continued his work. "And ain't holding up your bene, factor a crazy thing to do?"
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# $\mathbb{B} U \mathbb{L} \mathbb{E} T \mathrm{~N}$ of the Pierce County Medical Society and Tacoma District Dental Society 

## $\mathbb{P} \mathbb{R} G \mathbb{R}$ A M S

PIERCE COUNTY MEDICAL SOCIETY
Medical Arts Building Auditorium
8:15 P. M.
NOVEMBER 14
Impressions of Oregon State Medical Sociery
Meeting in Portland - Dr. W. B. Penney
Paying for Medical Care - C. Rufus Rorem, Ph. D.,
Associate Director,
Julius Rosenwald Fund, Chicago
NOVEMBER 28
Case Report: Comminuted Fracture of Lower
End of Radius . . . Dr. C. D. Hunter
Relationship of Gastric Uleer to Malignancy
Dr. W. H. Bueermann, Portand

TACOMA DISTRICT DENTAL SOCIETY
Medical Arts Bulding Auditorium
7:30 P. M.
NOVEMBER 21

A Practical Consideration of Plastic Filling Material .Dr. W. M. Adams, Seattle
Discussion . . . . Dr. M. H. Fewell, Tacoma Table clinics by Seattle members

Auditorium Telephone Broadway 3166

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1933-1934


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## EDITORIAL

In the early days of medicine, life was simple. Agriculture was the chief occupation of the people and those who were not farmers dwelt in small towns or cities, where they were skilled artisans or conducted small shops and but few worked in factories. All business, as well as medical practice, was highly individualistic. The doctor lived in his community, surrounded by his friends and patients. He was generally a man of standing in his little world and was consulted on many matters not directly related to his profession, by those whom he called
his "families." He could minister to all the needs of the locality where he lived and the range of his services was limited to the distance a good horse could take him. In case of injury or illness the one aflicted summoned the doctor of his choice, received the benefit of his service and paid the required fee.

The relation between the doctor and his patients was very personal, and life going along smoothly as it was, this arrangement satisfied the needs of the day. In some situations this relation was not practical. This free choice of physician and individualistic practice would not suffice un der all conditions. So we find the armies employing doctors under contract to treat the sick and wounded soldiers, and with an awakening of the sense of responsibility of government for the welfare of paupers and insane, contracts were let for the medical care of these unfortunates.

With the large growth in popula, tion, the daily life and customs of the people became more complicated. Instead of the greater proportion of the people living on the farms, they herded together in the cities, where large manufacturing enterprises gave them employment, or spread out over the country, at work on the railroads or in smaller groups in the lumber and mining camps. They were no longex small artisans working for themselves or in close personal relations with their employer, but small cogs in a large machine.

Coincident with this industrial development of the country came a great advance in knowledge in the practice of medicine. The conception of the cause of disease and its treatment underwent an, evolution. ary revolution, through the discoveries in bacteriology, anaesthesia, antiseptics, surgical technic and all branches of science. The mass of knowledge had become so great that no one could master it all. No more could a single doctor minister to the
needs of his patients, and so prac tice, instead of remaining purely per. sonal and individualistic, took on a larger aspect and worked in a broad. er field. The day of specialism had come, when men devoted their life study to one branch of medical science in particular.

As industry grew larger and larg. er, with ever increasing numbers of men in its employ, it was bur natural that new circumstances dependent on these relations should arise. Workingmen who were injured in - industrial occupations sometimes would get into the hands of quacks or incompetents, with a resulting loss of life or a poor result of treat ment, causing disability. Damage suits on account of injury were fre. quent. Often the claimants were added in improper demands by dis. honest practitioners. The employ. ers, whom the law held resonpsible, had no means of knowing when or how their workmen were injured. Many times the first knowledge they would have of the accident would be the filing of a law suit. In the sparsely populated places, where men were employed, the nearest doctor would be located several miles away and injured men lost their lives for lack of proper first aid treatment. With others who were injured or became sick it was necessary to be transported long distances before they could get medical relief.

In order to correct some of these unsatisfactory conditions, to protect themselves from unjust damage suits, to try and give the men in their employ adequate medical service and to supply such service in isolated local ities, the practice was instituted of contracting with a certain doctor or group of doctors to render medical service to the employees of the in dustry. This was first done by the railroads, the mines and 1 umber camps and later by other large in dustries.

Thus there was a gradual en-
croachment upon the old longestablished personal private practice of the individual practitioner - in the beginning by the government, in its armies and navies and its medical care of the poor and mentally aflicted, and a later extension of the system into business relations. In this first conception of contract practice there was no thought or discussion about the cost of medical care or of the ability of the patient to pay for that which he received. The movement was a gradual evolution, caused by a maladjustment of the old order of practice with the new conditions, and born of a desire to protect the employer as well as to give the workers the necessary medical care.

Seeing the results of contract practice in its first limited field, other groups of society, such as lodges and beneficial associations, were organized with a different idea, that of taking the cost of illness from the individual and placing it equally upon each member of the group.

Contract practice in these forms has existed a great number of years and has been the source of almost unlimited discussion and dissension in organized medicine. Efforts were early made to keep out of the medical societies all who engaged in such practice in any form. With the passage of time, the changed condition of society and the larger number of men engaged in this work, this attitude has altered, so that today the A. M. A. and the state medical societies recognize this as a legitimate part of medical service.
However, of late there has been a tendency to extend this service to all kinds of people without discrim-ination-a tendency which, allowed to grow, would cause the ultimate collapse of private practice and a general demoralization of all its adherents.

Insurance companies, health associations and benefit societies are seek.
(Continued on page 11)

# IN MEMORIAM 

Dr. Dale L. Martina

When a good friend is prematurely taken from tus we feel sad. In out first grief and loneliness we are inclined to give way to despair. We feel that there is no justice and that life has neither meaning nor purpose. Readjustment comes gradually, when we learn to substitute a memory for a physical presence. Memories are a source of much happiness. As we review the qualities of character which endeared our good friend to us we are unconsciously moved to emulation. It is this stimulus to selfimprovement, this urge to be like him whom we loved that is our friend's parting gift to us, and in the conscious joy of the resulting self-expansion of our own character we find happiness.

Dale Martin was a friendly, featless, manly man. In the four years of his stay in Tacoma he not only gained the confidence of every doctor because of his scientific atteinments but each of us thought of him as a friend. It was always a pleasure to consult him regarding some clinical or pathologic problem, not only because of his sound, reliable advice, but because of the friendliness which he radiated. He was happy in his work. After many years of preparation he had found his proper niche in life. A trial of years of general practice did not satisfy him. Post-graduate training in obstetrics failed to give him the chance for that inner joy which a man feels who is doing that thing well for which he is best fitted. It was when he entered the field of clinical pathology that his restless urge for further advancement and continuous development was satisfied. The years of study in the laboratories of the Mayo Foundation were wonderful years. Here was a vast storehouse of knowledge to be gained, and ever new problems to solve. The joy of conscious achievement was now his forever, for he never stopped growing. When he came to be our pathologist at the Tacofna General Hospital his laboratory was soon recognized as one of the most efficient and reliable in the Northwest. But it was the personal transmission of a true scientific investigative urge that made him invaluable to our profession.

If one were to enumerate other outstanding traits of character in addition to this scientific thoroughness and enthusiasm one would mention first an absolutely fearless spirit. Dale was frankly outspoken in what he believed to be right. He was never afraid of the truth but neither was he afraid to be wrong. He was a man of positive, but not fixed, opinions.

Dale was not only a good worker. He had cosmopolitan tastes, varied interests, and knew how to play. No man was better company than he. His conversation sparkled with wit and good-natured sarcasm. He read extensively, especially books of exploration and adventure. He could discourse at length on philosophical subjects, but no one enjoyed a good story more than he. His laughter was contagious. He was an accomplished musician. He enjoyed the great outdoors, and he loved his home. There never was a more devoted husband and father.

The passing of such a man has left a gap which will be hard to fill. His fine qualities and scientific leadership left a stamp on the character of our local medical profession. Let each member resolve and strive to make that stanp indelible. In so doing we will continue to grow, and will appropriately honor his memory.

S. F. Herrmann.

# $\mathbb{L} \mathbb{B} \mathbb{R} \mathbb{R} \mathbb{R}$ <br> HOURS 11:00 A. N. TO 8:30 P. M. TELEPHONE - BROADWAY: 166 <br> BLANCHE L. DEWITT, LIBRARIAN 

Not having added to our books on the heart for some time, we take par ticular pleasure in telling you of two additions to this section.
"The Failing Heart of Middle Life," by Hyman and Parsonmet, was written primarily for the general practitioner. The essential facts are set forth in a readable and entertaining way and the illustrations are unusually clear and diversified. The last section of the book, which deals with the medicolegal aspects of sud. den death from heart disease, is par, ticularly timely in these days, when the doctor is more and more often called upon to help settle problems arising from this circumstance.
"Functional Disturbances of the Heart," by Harlow Brooks, also intended for the general practitioner, presents these conditions in such a way that they may be easily differen. tiated from organic diseases.

Just off the press is "Nasal Acces. sory Sinuses, Reentgenologically Considered," by Frederick M. Law. The author says in his preface this his purpose has been to consider two classes of readers-the Roentgenologist and the rhinologist. For the one he describes the positions and angles necessary to reveal all the information available and for the other the interpretation of the films. The book contains over two hundred ilLustrations.

Dr. Doe has given us a little book which is a valuable addition to our section on Legal Medicine - "The Doctor in Court," by Edward Huntiggton Williams. This is a collecfition of anecdotes concerning medical witnesses and testimony, which the Wuthor calls "case histories," present-
ed in a very readable fashion, and is both entertaining and instructive.

## Volume 3 of the Curtis Obstetrics

 8 Gynecology is here.A number of new chapters for the Oxford Loose Leaf Medicine have just come in. Of particular interest are: Aviation Medicine; Environment and Its Relation to Health and Disease; Leukemia and Some Poorly Understood Disturbances of Digestion. Authors of these chapters are by such well-known men as Lewellys $F$. Barker, W. C. Alvarez, J. A. Bargen and others.

Have you lost a pen? Inquire at the library.

For those who now and then have a taste for something beside the purely scientific the following fascinating articles are suggested:

Chaucer and matters medical, N. W. Bolduan; New England Journal of Medicine 208:1365-1368, June 29, 1933.

Ancient Egyptian ophthalmology, A. C. Krause; Bulletin of the Johns Hopkins Hospital 53:258-276, Au. gust, 1933.

A case of hysteria, "According to St. Luke," M. W. Brown, Medical Journal \& Record, 137:386.387, May 3, 1933.

The source of modern medicine, Sir Andrew Macphail; Annals of In ternal Medicine 7:120-130, July, 1933.

The blindness of Milton, W. H. Wilmer; Bulletin of Johns Hopkins Hospital 52:85-106, April, 1933.

The decline of medicine as an art, H. W. Haggard; New York State Journal of Medicine 33:557-562, May 1, 1933.

## MEDICAL and DENTAL CENTER of SOUTHWEST WASHINGTON These Institutions, conveniently located in this structure, stand ready to serve. <br> SURGICAL INSTRUMENTS <br> Shaw Supply Co., Inc. <br> The Pacific Northwest's Only <br> Complete Surgical and X-ray Supply House <br> Broadway 1277 <br> PHYSIOTHERAPY <br> Karen Rynning <br> Member of <br> American Physiotherapy Association Referred work only <br> Broadway 2862 <br> PRESCRIPTION PHARMACY Braley's, Inc. <br> If the Physicians use it Braley's have it. <br> Main 8116 <br> Free Delivery <br> OPTICIANS Riggs Optical Co. $\mathrm{Rx} \quad \mathrm{Rx} \quad \mathrm{Rx}$ Rx Rx Rx Optical Prescriptions Established in 54 cities. <br> Prescription Optical Co. <br> Oculists Prescriptions Filled. Glasses Made and Repaired. <br> A. J. Jorgenson Main 0712 <br> 

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## THE BUSINESS BUREAU

## THE NEW RESEARCH PROGRAM

John Schlarb, Jr.
The work of the Bureau has resulted in the collection of a large amount of material of a Socioreconomic nature. The Bureau has not been able to make an adequate scientific use of this material for lack of funds. The purpose of the Bureau has been, rather, to apply the data gathered to business problems without making much use of its purely scientific value.

While it has been recognized for some time that research along these lines would be a great benefit to the profession and of immense advan. age in public relations, the Bureau has not felt that it was financially able to carry on the study.
Thru the creation of a fund for research it is now possible to continue the work which the Bureau has begun.
The lesson of three years' successfut experience, two years with the joint operation of the Medical Bu real, has resulted in the gradual development of a three column organization under the broad divisions of Credit control, Collection experience, and Medical contracts.
These divisions represent phases of a single objective: the collection of an adequate fee for medical services, from the people served, and through a means which will not be a burden to them.

The program of further research begins with the question whether the present cost of sickness imposes an uneven burden on the poor and the middle class groups which creates a demand for some kind of health insurance. The Medical Bureau remders care under an insurance plan
to certain employees but has no means for determining the limits to which it should be extended, nor of holding those limits when once they are reached. On the other side, free care of the indigent has now come to mean a charity service to nearly one third of the population.

The new research program is intended to find a means for fixing scientific limits to these groups, to tabulate their resources, and to develop a plan for using them.

The technical staff of the Federal Unemployment Relief organization has approved the program and will assist the Foundation by compiling sociological data in connection with the Federal unemployment medical service.

While the work will be done thru the Bureau and paid for by the Foindation it was desired to conduct the program in a manner of greatest possidle scientific value. The project has therefore been admitted to the Sociological Departments as a part of the graduate work in research in both the College of Puget Sound and the University of Washington, where technical and scientific assistance will be available as needed.


## WOMANOS AUXHLIRRY to PIERCE COUNTY MEDICAL SOCIETY

In the beginning of this brief art, icle we wish to express our thanks and appreciation to the Secretary, Treasurer, Dr. W. B. Penney, Mrs. Blanche L. DeWitt and the staff of the Bulletin of the Pierce County Medical Society and Tacoma District Dental Society for generously allocating for our purpose this page in the Bulletin.

In this transitional period of world-wide upheavals and unrest in the midst of nations, organizations and societies, including the medical profession, the doctors and their $3 m$. mediate associates have just cause indeed to be proud of their humanitarian accomplishments in their field of human endeavor. Of great importance, in addition to their achievements in the field of medicine, is the high code of ethics exercised by them in line of duty. We emphasize this first because professional ethics in many other lines of business have been greatly disregarded of late in favor of self aggrandizement.

Another note of encouragement to the whole Medical Family is the fact that despite the destructive forces that have operated in some of the important fields of work hereby caus. ing retrogression, medicine has kept up marvelously its progress for the benefit of humanity.

When we recall that there have been more achievements in the past 50 years than in the five preceding centuries, and that duting this time the span of life has been increased 15 years, we can rightfully call it The Golden Period in Medicine and Dentistry.

The torchbearers of the ages have truly left us a great heritage of true riches in knowledge and inspiration. It is rather interesting to recall also
that were it not for the constant and careful note taking and record keeping of Lady Lister and Mrs. Louis Pasteur many valuable records of these great scientists would not have been saved for successive genera, tions.

Among these are recorded the words of Louis Pasteur, whose life and work set forth the devotion to an ideal that "Service to humanity is service to God." He said, "The first great lesson is, The value of method of technique in the hands of a master; second, In life one essential thing for happiness is the gift of friendship; third, The great lesson of humility before the unsolved problems of the Universe."

In conclusion, let us express the wish that in the future, as heretofore, the doctors' wives who are welded into an auxiliary will continue to share the privilege of assisting their husbands, the torchbearers of today, in this transitional period of human privation and suffering, remembering the last message to the public of Thomas Edison:
'My message to you is 'Be coura. geous." I have lived a long time. I have seen history repeat itself time and time again. I have seen many depressions in business. Be as strong as your fathers before you-Have Faith-Go Forward."

Marie B. Carlsen.

## STATE AUXILIARY

The Organization Committee of the Woman's Auxiliary to the Washington State Medical Association is putting on a campaign for atten. dance at the regular meetings.

A natural growth in an organiza tion of this sort is bound to come if the programs are of real interest to
the group. Hence the Committee of Organization feels that instead of bringing in new members into the Auxiliary merely to increase the membership, it would be far better to bring back the members we have lost, and make a decided effort to make our programs worth while for the membership we already have.

The percentage of attendance and number of paid memberships will be reported each month by the thisteen counties of our state, right after their meetings, and the highest percentage of attendance will be announced in Northwest Medicine.

## FEDERAL MEDICAL AID

The medical profession du ring the past few years has rendered an increasingly large amount of service without compensation. It has been only thru the voluntary efforts of the medical profession in carrying part of the load that the organized agencies for the care of the indigent sick have been able to carry on at all. We have accepted this obligation, and have made no complaint. It is prob. able, however, that very few outside of our own profession realize how heavy this load has become.

The Federal Government, in ap. propriating money for direct relief, has now recognized that medical care is a necessity as is food, clothing and

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shelter. The State Unemployed Re lief Commission, of which Frank Baker of Tacoma is chairman, is in full accord with this interpretation. This commission is endeavoring to organize the machinery thru which limited medical and dental service may be extended to the indigent on the same basis as other necessicies are given, at the same time not inteffering with the agencies already operating. The setting up of this machinery simultaneously thruout the state is impossible. Pierce County has been asked to initiate this program because we have a unified, harmonious medical society, and a nonpolitical Medical Bureau most capable of handling it. The Bureau has therefore undertaken this task. All members of the Pierce County Medical Society, regardless of their Bureau affiliation, have recently received letters explaining in detail this program.

There may be in some of our minds doubt, and even forebodings, as to the nature of the social experiment we ate trying and actual direction in which we may be going. Regardless of this, however, I believe that we can best serve the public, and incidentally ourselves, by a continu. ance of the fine co-operation which has been shown in initiating this program.

> H. G. Willard. M. D.

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## TACOMA SOCIETY of

INTERNAL MEDICINE

## November <br> 21

"Recent Developments in Laboratory Diagnosis of Undulant Fever and Its Application to Treatment" Carl E. Wallace, B. S.
Discussion, S. M. Creswell, M. D. S. M. Creswellj Sec.

Patient: I can't pay that bill.
Doctor: Well, to show you that I'm a good sport, I'll forget half the bill.

Patient: That's fine. I certainly appreciate that favor, Doc, and to show you that I'm a good sport too, I'll tell you what I'll do.

Doctor: What's that?
Patient: Forget the other half!

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> Andrew Ambueht, Owner.

## EDITORIAL

## (Continued from page 3)

ing to gain control of medical practice for their own aggrandizement, with the doctor working for them on a reduced fee bill.

Organized medicine allows contract practice if it is fair. As Voltaire said, "Let us define our terms." What is fair? What do we mean when we speak of fair and unfair practice? With society made up of so many diverse peoples, with different wants and desires, different habits of life and customs and widely separated in their capacity to earn a living, to gain a competence or to amass wealth, the answer must of necessity vary with the individual case. In the present movement of the square deal and the N.R.A. there is a general recognition that the laborer is worthy of his hire. There has been no attempt to tear down earning ability but rather an effort to build it up.

There is a general agreement among all the codes adopted by industry that selling below cost to gain a temporary advantage is not only unfair but in the end hurtful to all. Without doubt this principle applies to medicine as well.

We hear a great deal of loose talk about the actions of the different doc tors. Some are condemned for having a certain contract. Some are criticized for underbidding their fellows in private practice, while others are held up to scorn because they charge too high fees and so mulct the public. What is fair? What are our standards? Where is the measure? When solicited to sign a seemingly favorable contract with a firm or insurance company what shall the doctor do? What does he really know about it?

Members of the Society have received copies of a proposed change in our by taws. This has been introduced in an effort to make some kind
of a standard by which we may guide our conduct.

There should be some broad middle ground upon which all physicians can stand. There are imperfections in contract practice today and so too are there defects in the application of private practice. It is the hope that this proposed change in the by-laws may lead to the correction of some of these.

Every member of the Society should read these proposed by-laws very carefully, should think them ov. er as dispassionately and unselfishly as possible and should attend the next meeting prepared to give his opinion and vote upon this important mea, sure.

## ROCKY OUTLOOK

"The thing for you to do," said the doctor to the man with the fraz. zled nerves, "is to stop thinking about yourself-to bury yourself in your work."
"Gosh!" returned the patient, "and me a concrete mixer.'

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## TACOMA GENERAL HOSPITAL

## The Tacoma General Hospital

 School of Nursing has enthusiastically begun a well rounded program of extra-curricular activities this fall. Physical education classes are held for all students Monday evenings in the gymnasium of the First Congregational Church directed by Miss Ruth Babb, physiotherapist of the hospital. After the general work is given, those interested in basketball are coached in that sport by Mr . Jolliffe. In addition, one or more of the following activities is elected by each student according to her own interests: Glee Club, Folk Dancing, Swinming, Reading Club. Not only does extra-curricular activity of this type provide needed healthful exercise along different lines than is received in the daily routine of work, but it also provides outside interests for the student and helps her to develop more completely than when she is kept solely to scientific and nursing work. Miss Ann Bedrow. sky, Social Director of the school, is in charge of this part of the school program.Miss Signe Wold, Director of Nurses, attended the recent board meeting of the Washington State Graduate Nurses Association, held at Yakima on October 14, as well as the state meeting of the Washingtor League of Nursing Education, heid at the same time. An intensive and interesting program is planned by each organization for the coming year.

The Senior Class intensely enjoyed and profted by a visit to the Western State Hospital at Steilacoom on Monday, October 30, in connection. with their course in Psychiatry. A trip to the Veteran's Hospital at American Lake is being planned for November 6 and we are anticipating as instructive a time there. Arrangements were made by Dr. Stewart, lec-
turer in the course, and we wish to express our appreciation to hiri as well as to Dr. Keller and Dr. Stalter, who so readily co-operated in conducting us thru their respective institutions and in presenting clinical material.

In addition to completing the course in Psychiatry, the Seniors have also finished the course in First Aid. They feel now that they are ready to meet any usual emergency, under the conditions ordinarily attendant with such an occurrence, and administer the proper first aid care, thanks to the efficient teaching of Dr. Trimble.

The Public Health Nursing Assor ciation, under Miss Coffman's direc tion, has again co-operated to give our students extra Pediatric experience. Two members of the Intermediate class attend the Pediatric Clinic held at the County Hospital each Wednesday and Friday.

A recent visitor at the Tacoma General Hospital was Dr. F. H. Arestad, Chicago, representative of the Council on Medical Education and Hospitals of the American Medical Association. He is visiting hospitals in regard to the educational program for internes and the continuance of the hospital upon the approved list of internship hospitals as prepared by this Council.

Dr. Malcolm T. MacEachren, As sociate Director of the American Col-

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lege of Surgeons, and C. Rufus Rorem, Ph. D., Associate Director of the Julius Rosenwald Fund, will speak at the next Washington State Hospital Conference meeting, Saturday, Novernber 18, at Harborview Hall, Harborview Hospital, Seattle.

A new Victor Spark Gap Surgical Unit has been added to the equipment in surgery. It has proven very successful in trans-urethral prostatectomies, and may be used in other operations also.

Many doctors were no doubt surprised some time ago to find Miss Sayer, Surgery Supervisor, missing from her customary place in surgery. It was a pleasure to have her come back about two weeks ago after a most rapid and uneventful recovery from an unexpected appendectomy, and ready to greet the doctors in surgery as usual.

Mr. E. Truedson, Pharmacist, has recently returned from an extended visit at the World's Fair, Chicago.

The nursing profession locally as well as in the state as a whole is very proud of the appointment of Miss Anne Radford, of Seattle, as Educational Director and Inspector of Training Schools for the State of Washington. She has had a great deal of experience in nursing education, both in the East and in the West, and is especially well qualifed for the position she now holds. We are anticipating new developments in nursing in Washington, especially a general raising of standards to bring us up to the level set by adjacent states.

Words fail to express the loss felt by the Tacoma General Hospital and its staff because of the death of Dr . Dale Martin. It seems that it will be almost impossible for anyone to fill the vacancy left by his sudden passing.

## ST. JOSEPH'S HOSPITAL

The regular clinical meeting of St. Joseph's Hospital Staff was held Monday, November 6.

Some observations on the clinical diagnosis of heart disease were presented by Dr. Charles F. Watts, of Seattle.

An interesting report on the meeting of the American College of Sur, geons was given by Dr. D. H. Bell, whe has recently returned from Chicago.

There were also a presentation of clinical cases and case reports by members of the Staff.

Sr. M. Carmelette, who has held the position of Record Keeper for several years, and Sr M. Charles, who has been Supervisor in the Women's Medical and Surgical Depart. ments, have been relieved from duty in order that they may take postgraduate courses relative to their respective work. Sr. M. Josefa, who has just finished a postrgraduate course in surgical technique, has replaced Sr. M. Charles.

The nurses are enjoying théir new recreation room. The Early American period has been authentically and beautifully carried out in the furnishings. All the quaint charm and beauty of a much-loved period is recalled as we are reminded of the lov. able characters of our early American history.

Miss Edna J. Wade, of the class of '33, is taking a post graduate course in surgical technique at Sc. Joseph's Hospital.

St. Joseph's Alumnae will hold the regular monthly meeting Tuesday, November 14 , at $8: 15 \mathrm{P} . \mathrm{M}$. in the Nurses' Home.

Dr. Samuel Alpert, Interne at St. Joseph's Hospital, who was taken suddenly ill early Thursday morning, passed away the following Saturday.


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## NEWS ITEMS

Dr. and Mrs. Charles McCreery are leaving soon for San Francisco to attend Grand Opera. They ex, pect to be gone about ten days.

Drs. H. J. Whitacre and W. B. Penney attended the Oregon State Medical Society meeting in Portland.

Dr. Grant Hicks is moving into the Medical Arts Building from the Jones Building on November 15.

The new members elected to the Board of the Pierce County Medical 8 Surgical Bureau at their annual meeting were Drs. H. G. Willard, Wilmot Read, George Nace, Frank Maddison and Sydney MacLean. The Board elected for its officers for the ensuing year Dr. H. G. Willard, President, Dr. L. A. Hopkins, Vice President and Dr. Frank Maddison, Secretary-Treasurer.

Dr. Ross McPhail talked of the Lakeview Sanatorium and its work at a recent meeting of the Kiwanis Club.

Drs. Whitacre, LaGasa, Penney, Karshner, Keller and Hopkins have been appointed on the Committee of One Hundred to aid in obtaining Federal appropriation for public works projects in Pierce County.

Dr. S. L. Blair has returned from a hunting trip in Idaho.

Science, Doctors or Medicine have not found a way to avoid patronizing morticians. When you need their services see the

C. C. MELLINGER CO.<br>Funeral Directors<br>Main $251 \quad 510$ Tacoma Ave.

C. Rufus Rorem, Ph. D., of Chicago, will give a talk to the Pierce County Medical Society at its meeting on November 14, and if anyone has any questions to ask on Hospital Insurance they will be asking the man who is supposed to know the answer.

Dr. Rorem will also speak at the Washington State Hospital Conference at the Harborview Hospital, Seattle, on November 18, as will Dr. Malcolm MacEachern, of Chicago. Contract practice will be the subject under discussion, and those interested in hospital management are invited to attend.

On the second floor of the Medical Arts Building is a doctor's g a me room, where there are tables for bridge, a billiard and ping pong table, et cetera. Out-of-town doctors and doctors who are not in the building are invited to drop in at any time and partake of some good fellowship and to forget their cares and worries. Make this game room your hangout.

## WHICH COD FISH SHOULD BE USED FOR MEDICINAL COD LIVER OIL?

"Zilva and Drummond ${ }^{1}$ were the first to draw attention to the high vitamin value of oil prepared in Newfoundland, an observation that has been repeatedly confirmed."
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${ }^{1}$ J. Soc. Chem. Ind., $[923,42,185,205$.

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PIERCE COUNTY MEDICAL SOCIETY
Medical Arts Bullding Auditorium
8:15 P. M.
DECEMBER 12
Clinical Application of Laboratory
Medicine_--------_-_-_-_Dr. C. R. McColl
Case Report: Response to X ray Therapy in a Case of Gonorrheal Arthritis No. 9

Dr. F. R. Maddison
Office Procedures in Gynecology
Dr. G. M. Stecle
DECEMBER 26
NO MEETING
May you all have a MERRY CHRISTMAS!

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7:30 P. M.
DECEMBER 19
Extraction for the general practitioner--.--
Dr. A. F. Wilbur
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## EDITORIAL

With the advent of Winter, with her dark days and long evenings, the mind instinctively turns away from those lighter thoughts and pastimes which occupied the Summer days of relaxation and enjoyment, toward the more solid and substantial things of life. There is a tendency to spend more time in the home and to occupy the mind by thinking of problems of interest and by reading good books. This is the time when the doctor should use his leisure to the best advantage, in keeping interested in the progress of medical science. To make the most of himself the
doctor's life should be one of continuous post-graduate study. As the Northwest has no medical school to give instruction, the doctor must use his own initiative in reading and in sifting out that which is good and useful from the large amount of med. ical literature which comes to him every day. His greatest stimulus to study and research is the Medical Society. The County Society stands first in importance, for there he is in constant intercourse with his fellows and from the different case reports and stated papers and addresses he keeps company with the thoughts of other men.

We are singularly fortunate in the hospitals of our city where we have every facility for scientific study along all lines. With the patholog, ical departments in the hospitals and private laboratories in charge of high grade men, with expert X-ray study constantly available and with a well equipped anatomical laboratory in which to keep upon the fundamentals, the opportunity is there for ev ery one to give any patient the most comprehensive scientific investigation or to continue further into research work. The staff meetings of the hospitals, the weekly medical clinic and the tumor clinic give an additional opportunity to study the treatment and end results of cases.

Then there are the societies of the special groups, conducting studies in medicine, urology, pediatrics, ortho pedics and keeping their members abreast of the latest scientific thought. The Anatomical Society is doing a splendid work. Their material is available to all.

The Academy of Ophthalmology and Otolaryngology present pro grams which in the presentation of interesting cases and intelligent discussion are not excelled by any similar local group in the country.

The Tacoma Surgical Club carries
(Continued on page 11)

## THE BUSINESS BUREAU

## DEALING WITH INDIGENCY

John Schlarb, Jr.

Indigency has been defined as a condition of need arising out of unemployment. Under this definition a very considerable portion of the medical service which makes up private practice in ordinary times is now to be classified as indigent.

This is a problem which cannot be dealt with successfully on an ind. vidual basis, and yet from the point of view of the individual practitioner it must be dealt with. The most hope ful and constructive effort which has yet been made in this direction is the unifying of the whole profession through the Business Bureau Credit Department.

It must be admitted that there is no panacea for the problem of medical indigency. In other words, something more is needed than a simple refusal to be concerned about it .

This point really represents the crux of the problem. It has been coped with by many national and international organizations without as yet any very practical solution.

Through the joint operation of the new Foundation for Social Research and the Credit Department of the Bureau, a means is at hand for solving this problem for this community. Such is the merit of this program that it has secured the enthusiastic support of the University of Washington and the College of Puget Sound as well as the administrative agencies of the Federal Government, because of its great promise as a practical solution to a problem which has been rapidly approaching a crisis.

The one remaining doubt in the minds of the Trustees responsible for carrying out this work is whether a sufficient interest can be aroused in
the profession; whether the apathy which usually surrounds economic problems of this sort can be overcome; whether the individual member of the profession will recognize the fact that he, as an individual, must actively and personally support these organizations if these ideals are to be attained.
It will be impossible to administer the routine functions of research and credit investigation unless each mem. ber cooperates with this work. Fur, thermore, the Credit Department is now collecting some extremely interesting and valuable material as a result of its association with the wel. fare organizations of this city. This material is of vital interest and im. portance to Bureau members, but cannot be given to any member unless that member has first sent his list of accounts receivable to the Credit Department for reports.

Economic studies of income and the cost of medical care have been made in the past, social studies of the distribution of medical services have been made, collection and credit experience has been gathered everywhere. There is no novelty in these enterprises individually, but there is no record anywhere of any attempt to consolidate the social, economic and medical point of view in one appraisal, at one source, and on one record. This is the distinctive feature of the present program of the Bureau.

It has been generally recognized that the root of the problem is economic in character, but it has not been admitted that this economic basis depends upon some social antecedents.

It is the function and purpose of the approach now being made by the Bureau to reduce these general con(Contirued on page i1)

# $\mathbb{L} \mathbb{I} \mathbb{B} \mathbb{R} A \mathbb{R}$ <br> HOURS 11:00 A. M. TO 3:30 P. M. <br> TELEPHONE - BROADWAX 3166 <br> HLANCHE L. DEWITT, LIBRARIAN 

Just received is Volume 2 of "Mouth Infections and Their Relation to Systemic Disease," a gift of the Joseph Purcell Research Memorial Fund. Established by the widow of Joseph Purcell, who died some years ago of an obscure mouth infection, this fund is devoted to the publication of reviews of the literature on the relation of oral infection to disease and to research work on the subject. Together with Volume 1, received three years ago, it should be of great value to those who wish to study the subject.

The latest addition to our list of periodicals received in exchange for Northwest Medicine is the Journal of the Medical Society of New Jersey. May we again request that you send in your copies of Northwest Medicine as soon as you are through with them? We could make other exchange arrangements if we could be assured of enough copies of our own journal.

Our supply of the November issue of the Bulletin is about exhausted, as we had an unusual number of calls for extra copies of this issue. It would be appreciated if those who still have their November copy would give it to the library.

## Amebiasis

In line with Dr. Fishbein's suggestion that doctors inform themselves on the symptoms and treatment of amebic infection, this space is devoted to the presentation of material on the subject available in your library.

It is interesting to note, in view of the increasing incidence of the infection, that attention was first directed to amebae as a possible cause of dysentery in 1875 , when a case was re-
ported in Russia. The infection was later found in England and Germany, while in America Osler first found the organisms in a liver abscess in 1890.

In 1903 Fucher, of Johns Hop, kins, reported that 120 cases had been admitted to the hospital, and in 1916 Sanford, of Rochester, stated that 535 cases of endameba histolyt. ica infection, from 27 northern states and Canadian provinces, had been admitted to the Mayo Clinic.

Despite the fact that the literature of the last few years reports many cases, from all sections of the country, it is felt by some that the importance of the infection from the standpoint of public health is not fully recognized.

In addition to the articles in the Journal of November 18 and November 25, and the November issue of Northwest Medicine, which many of you have, the library can offer you the following:

Amebicides, O. W. Bethae; International Medical Digest 22:53-58, January, 1933.

Diagnosis of Amebiasis, A. C. Reed; Journal of the American Medical Association 99:729, August 27, 1932.

Amebic dysentery, L. D. Snorf; Medical Clinics of North America 16:467.475, September, 1932.

Clinical amebiasis, A. C. Reed; Northwest Medicine 30:525-528, De cember, 1931.

Endamebiasis as seen at Mayo Clinic, P. W. Brown; Proceedings of Staff Meetings of Mayo Clinic 7:43: 47, January 27, 1932.
(Continued on page 10):

## WOMAAN'S AUXHLTARY to PIERCE COUNTY MEDICAL SOCIETY

## REPORT OF HYGEIA COMMITTEE

Since the middle of October members of the Hygeia Committee, including Mrs. Burton Brown, Mrs. John Arnason Johnson and Mrs. A. H. Buis, have made a number of talks to P. A. A., preschool and school groups, on mental and physical health. By contacting the people in these groups we have endeavored to carry the gospel of our husbands' profession to the public.

Since the food and drug exhibit of the Department of Agriculture at Rhodes Brothers on November 8 , we have been making announcements of the new food and drug bill, to be voted upon at the next session of Congress. As we make these announcements and learn how many persons are being duped by the advertisements of such unscrupulous persons as the manufacturers of Crazy Crystals, who are selling Glauber's salts for $\$ 1.50$ a pound, we begin to realize how much we need to have such a bill become a law.
Mrs. Christen Quevli, Sr., is very ably representing the Hygeia Committee in the Tuberculosis Seal drive.

Mrs. A. H. Buis, Chairman.

## KING COUNTY AUXILIARY

The King County Medical Society Auxiliary, through its president, Mrs. David C. Hall, has extended a warm invitation to Pierce County Auxiliary members to attend their meeting of Decernber 8 , which will be held at the Nurses' Home of the Harborview 'Hospital at 2:30-P. M., with Mrs. Buiton Brown, of the Pierce County Auvilary, giving the program. There
will be a no-host luncheon at the Woman's University Club at $10^{\circ}$. clock. It is hoped that there will be a large representation of Tacoma women present.

## A MESSAGE FROM THE BULLETIN STAFF TO THE WOMAN'S AUXILIARY

In the belief that a county med. ical society as large and active as the Pierce County Medical Society should have its own official organ, our Bulletin was launched three years ago. It was hoped that our little publication would become the voice of the society-a clearing house for its different activities-and much effort has been expended to that end.

The Bulletin carries to our members each month the programs of the month's meetings, an editorial on a timely subject, news of the Business Bureau and Medical Library, minutes of past meetings, hospital rews -in short, we have tried to make it the means of bringing to our mem. bers such local matters as might interest or benefit them, and we have wanted them to think of the Bulle. tin whenever they had anything to bring before the other members of the society.

A Woman's Auxiliary page has recently been set aside, for the presentation of their acrivities, and the Bulletin now goes to the wives of all members of the society, whether Auxiliary members or not. This suggests a further way in which the women may be of assistance to the doctors.

The Bulletin has been made possible by our advertisers. From the beginning it has been self-sustaining
and in fact has saved the society more than $\$ 250.00$ in the three years of its existence, by carrying our programs, which were formerly sent by postcard at a cost of $\$ 10.00$ per month. We have constantly remind. ed our members of their obligation to our advertisers, who must, of course, have some return for their outlay.

Some of us have wondered, now that the doctors' wives are receiving the Bulletin, if we might not be able to get some advertising that would be especially directed to them, thus enabling us to increase the size and scope of the publication. Our committee is putting on an active campaign for advextisements of this nature, and as they appear we ask that you give them your consideration, use the services or products advertised whenever possible, and TELL THE FIRMS THAT YOU SAW THEIR ADVERTISEMENTS IN THE BULLETIN.

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## CHANGES IN BY-LAWS

The following changes in by-laws were adopted at the meeting of November 14:

Under Article 1, Section 1: Active members. Every reputable physician and surgeon, legally qualifed to practice medicine and surgery in the State of Washington and who has resided in Pierce County continuously for six months, and who does not support, practice or claim to practice sectarian medicine, shall be eligible to apply for membership.
(a) Members of other county or district medical societies affliating with the Washington State Medical Association or with other state associations recognized by the American Medical Association shall, after having been qualified to practice in this county and state, be entitled to active membership in this society on presentation of satisfactory evidence of membership and good standing in the society from which they come, if approved by a four fifths vote of those present at any regular meeting of the society.
(b) This section shall be omitted because of an amendment adopted by the Washington State Medical Association nullifying the same. The section read as follows: Commissioned officers of the Medical Department of the United States Army, United States Navy and United States Pub-
lic Health Service shall be entitled to active membership on application:

Article 1, Section 6: All charges against a member shall be made in writing to the Board of Trustees. The same shall be investigated at its discretion, and if found to be of suffcient moment after the accused has been given the privilege of a hearing shall, at the discretion of the Board of Trustees, be reported to the society with recommendation for action.

A member who has been found guilty of a criminal offense or of gross misconduct, either as a physician or as a citizen; or whose license to practice medicine in this state has been revoked or suspended by the State Board of Examiners; or who has committed any act which may be derogatory to the medical profession; or who shall refuse or neglect to obey the regulations of this society, or who knowingly gives false testimony as an ordinary or expert witness; or who has violated any of the provisions of these by-laws; or who shall violate the code of ethics of the American Medical Association as the same is now written, or as it may hereafter be changed; or who shall be guilty of any disloyal, seditious or treasonable utterance, writing or act against the United States, or who shall engage in contract practice unless the same shall previously have been authorized by the Board of Trustees of this society, or who as physician or surgeon

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shall serve on the staff of or perform work for the patients of or shall perform work in, any institution or group or organization unless such services or work shall previously have been authorized by the Board of Trustees of this society, shall be liable to censure, suspension or expulsion. Censure, suspension or expulsion shall require a two thirds affirm ative vote of the members present and voting at a regular meeting. Writ ten notice of the charges preferred must be given to the accused, and to each member of the society, ten days in advance of such meeting. Opportunity for the accused to be heard in his own defense shall be given before a vote of the society is taken on his censure, suspension or expulsion.

A member under suspension may be reinstated to active membership by a twothirds affirmative vote of members present and voting at a reg. ular meeting.

Article 3, Section 6: Add the word "unexcused" before "absence," mak ing Section 6 read as follows: Unex. cused absence of a Trustee from two consecutive meetings of the Board of Trustees shall be interpreted as a res. igration from the Board and the Board shall elect another to fill the unexpired term.

Article 9, Section 1: Amendments. This society may amend any article of these By-laws by a two-thirds vote of its members present at any regu.

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lar meeting, provided that such amendment or amendments are not in conflict with the laws and regula, tions of the Washington State Med. ical Association; provided also that such amendment shall have been read in open session at two previous reg. ular meetings and shall have been sent by mail to each member ten days in advance of the meeting at which final action is to be taken.

Section 2: Where any notice to be given or sent is mentioned or required in these By-laws, including the notices specified in Section 6, Article 1, and in Section 1, Article 9, the same may be given and shall be deemed to have been duly given or sent if published in the Bulletin of the Pierce County Medical Society, and such notice so published shall be conclu. sively deemed to have been so given or sent on the date following the date of the publication thereof.

Article 10: Either this society or its Board of Trustees may, by a majority vote at any meeting, authorize any reasonable expenditure of funds of the society in the defense of any officer or member in any action or proceedings which may be brought against him on account of any action which he may have performed on behalf of the society.

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## NEWS ITEMS

The following men from Tacoma attended the Washington State Hospital Association meeting, held in Seattle: Mr. C. J. Cummings, President of the Washington State Hos pital Association and a Director of the National Hospital Association, was in charge of the meeting; Dr. T. H. Duerfeldt gave a talk at one of the round table discussions on "How tọ Conduct Staff Meetings;" Dr. Burton Brown gave a talk on "How to Obtain Good Case Records." Drs. H. J. Whitacre and Sydney MacLean also attended the meeting.

The dinner and meeting at the Virginia Mason Hospital in Seattle was attended by Drs. LaGasa, Kunz, Penney, Maddison, Gullikson and Crowe, from Tacoma.

Dr. C. P. Michael, who was a member of the staff of the Pierce County Hospital, has accepted a position at the Coulee Dam site.

Drs. Herrmann and Duerfeldt gave talks at the Young Men's Business Club recently. Dr. Duerfeldt spoke on "Public Health" and Dr. Herrmann on "Making a Diagnosis."

Drs. P. C. Kyle and Walter Cameron are in Tacoma General Hospit-
al, each of them a victim of an acute appendix.

Miss Helen McCreery, the daugh ter of Dr. and Mrs. William Mc. Creery, has arrived in New York, after a year spent in touring and study in Europe. She is expected to return to Tacoma early in the month.
:-:-:-:

## LIBRARY

(Continued on page 4)
Amebiasis in temperate zone, I. Macdonald, Lancet 2:1404-1406, December 26, 1931.

The amebiasis problem, C. F. Craig; Journal of the American Medical Association 98:1615-1620, May 7, 1932.

Comments on various amebicides, H. H. Anderson; California \& Western Medicine 35:439-443, December, 1931.

Chemotherapy of amebiasis, C. D. Leake; Journal of the American Medical Association 98:195-199, January $16,1932$.

Amebic abscess of the liver, F. J. Murray; Canadian Medical Associátion Journal 26:312-317, March, 1932.

## 

1. Read the advertisements in the Bulletin.
2. Patronize these advertisers whenever possible.
3. Tell them you saw their advertising in our Bulletin.
4. Tell us of any firms with whom you do business who are not advertising with us. We will do the rest.
-Bulletin Advertising Department.

## EDITORIAL

(Continued from page 2)
on its regular scientific meetings throughout the season and in addition gives a special day each year, which, from the high quality of the work presented, has become one of the notable medical events of the Northwest.

We have no medical schools and no post-graduate hospitals, it is true, but we have all these resources, a fine medical library, and a wealth of clinical material. Not all the know. ledge is kept in the big medical centers, nor have great discoveries always been made in large hospitals and laboratories. Corrigan made his great observations by studying the cases he could accommodate in a six-bed hospital.

Beaumont was located at an iso. lated army post when he made his studies on Alexis St. Martin, and the great Mayo Clinic was built up by two country doctors, in a small prai. rie village.

## Dealing With Indigency

## (Continued from page 3)

cepts and this great mass of material to a single comprehensive and prac. tical record of all the factors, in such a way as will permit the two profes. sions to successfully administer the problems of the payment for med. ical care without outside assistance or interference.


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## TACOMA GENERAL HOSPITAL

At the annual meeting of the Ta coma General Hospital Alumnae Association the following officers were elected for the ensuing year:

President, Miss Molden; 1st Vice President, Miss Soby; 2nd Vice President, Miss Olene; Secretary, Miss Cooper; Treasurer, Miss L. Nelson; Directors, Miss Wold and Miss Edith Ericson.

An innovation in the Tacoma General Hospital School of Nursing is the combined vesper service and tea held each Sunday afternoon from 3 until 5 o'clock.

We wish to thank the following doctors who have completed lectures the past month: Dr. Bell, Dr. Duer feldt, Dr. Janes.

The School of Nursing was honored this week by a visit from the new State Educational Director for Schools of Nursing, Miss Anne Radford. The new law provides for a visit to each school in the state at least once yearly and, though this one was short, we are anticipating a longer one in the spring.

Other recent visitors to the Taco ma General Hospital were Dr. C. Rufus Rorem, associate Medical Di. rector of the Julius Rosenwald Fund, and Dr. W. H. Walsh, Hospital consultant architect, from Chicago. The latter spoke on "Hospitalization In. surance" at the special dinner meeting of the staff held Tuesday, No vember 20. At this time Dr. Benjamin T. Terry, who has been appoint ed director of the Laboratories of Pathology and Clinical Pathology at the Tacoma General Hospital, to take the position left vacant by the death recently of Dr. Dale L. Martin, was presented to the staff.

Dr. Terry was born and raised in Birmingham, Alabama. He did his college work at Vanderbilt University, from which institution he grad-
uated in 1898 with an A. B., and re, ceived in 1900 from the same university the degree of M. A. In 1900 he entered Johns Hopkins University Medical School and graduated from this institution four years later, with the degree of M. D.

After one year of teaching and research at the University of Chicago and another year of study and re. search at Columbia University, $N$. Y., he was appointed in 1906 to the staff of the Rockefeller Institute for Medical Research and continued with this institution until his appointment in 1913 as Director of Laboratories at Kings County Hos. pital, Brooklyn, which position he held for frue years, before his ap. pointment in 1918 to the Professorship of Pathology at Vanderbilt University, which position he held for the next seven years. For the last seven years he has spent most of his time in Rochester, Minnesota, where he carried on independent research at the Mayo Clinic.

At various times Dr. Terry has studied in Europe in the medical centers under the best authorities in his chosen field, pathology. He is best known to the medical profession for his original work on neutralized polychrome methylene blue, for his razor section method for the rapid diag. nosis of malignancy, and for his scientific demonstrations at numerous medical conventions.

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## ST. JOSEPH'S HOSPITAL

The regular clinical meeting of St. Joseph's Hospital Staff was held Monday, December 4, at 8:00 P. M. Dr. George Nace presented a very interesting paper on endocervicitis. A discussion of this subject by Drs, William B. McNerthney and Leo J. Hunt followed.

Dr. S. M. Creswell presented a paper on amebic dysentery in which he discussed the protean clinical manifestations of this disease and the life history of the andameba. Mr. Carl Wallace of the Porro Laboratory discussed this paper.

Case reports and the presentation of interesting cases will be given by members of the Staff.

Dr. D. H. Bell is the chairman of the Program Committee.

St. Joseph Hospital Alumnae gave a card party at the Tacoma Hotel for the benefit of the Nurses' Home. The proceeds of this party will be used to procure a few added luxuries for the recreation room.

The regular monthly meeting of the Alumnae was held December 6, 1933, at $8: 15 \mathrm{P} . \mathrm{M}$. in the Nurses Home. A special program furnished by the student nurses followed the business meeting.

Miss Anne Radford, of Seattle, who has recently been appointed as Educational Director and Inspector of Training Schools for the State of Washington, visited our school Tuesday, November 28. Miss Radford expressed her appreciation of the work being done. Her visit was both a pleasure and an inspiration to the members of the Training School Staff.

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What Every Woman Doesn't Know is that psychology is more important than flavoring in persuading children to take cod liver oil. Some mothers fail to realize, so great is their own distaste for cod liver oil, that most babies will not only take the oil if properly given but will actually enjoy it. Proof of this is seen in orphanages and pediatric hospitals where cod liver oil is administered as a food in a matter of fact manner, with the result that refusals are rarely encountered.

The mother who wrinkles her nose and "makes a face" of disgust as she measures out cod liver oil is almost certain to set the pattern for similar behavior on the part of her baby.

Most babies can be taught to take the pure oil if, as Eliot points out, the mother looks on it with favor and no unpleasant associations are attached to it. If the mother herself takes some of the oil, the child is further encouraged.

The dose of cod liver oil may be followed by orange juice, but if administered at an early age, usually no vehicle is required. The oil should not be mixed with the milk or the cereal feeding unless allowance is made for the oil which clings to the bottle or the bowl.

Mead's 10 D Cod Liver Oil is made from Mead's Newfoundland Cod Liver Oil. In cases o ffat intolerance the former has an advantage since it can be given in $1 / 3$ to $1 / 2$ the usual cod liver oil dosage.
(To be continued)

## THE DOCTOR'S WOOING

'Tis, said a very young M. D.
Once loved a maiden fair to sec, And thius this doctor, very young,

The lovely maiden's praises sung:
"How enchanting is thine azure iris,
Shining "gainst the white scleroid;
Gracefully attached the tendon
Of thy sterno-cleido-mastoid.
Capillary hyperaemia-
Of its tints the name is legion,
So pellucid is thy epidermis
In the oro-buctal region.
Of its glorious tints the sunset's
But a feeble imitator;
Ob, my darling, do but let me
Osculate your buccinator.
Than thy oral epithelium
Naught this side of Heaven is swecter:
Graceful are the sinuous outlines
Of thy beautiful masseter.
Then thy aygomaticus major
Gives me joy almost divine
Wheneer it and thy risorius
In active league combine.
Empty is my pericardium, Of its tenant thou bereft it:
Auricle and ventricle
And aorta's base have left it.
Yet I wish not to regain them;
Nor wish have I but that you
Will take also my peritoneum,
And my encephalon, too.
Give me but thy sweet plalanges,
Thy metacarpals press to mine,
My cerebrum, cerebelium,
May they e'er be slave to thine.
Precious darling, come auscult me, Thy concha gainst my thorax pressed.
$\mathrm{O}_{\mathrm{n}} \mathrm{m} y$ y best manubrium ever:
May thy precious cranium rest."
The doctor ne'er thas ceased to wonder
Why she bade tim go to thunder.
-A. E. Orr.
In Brorx County Medical Bulletin.

## Lest we forget the carboliselzate <br> Dextri-Maltose No. 1 Maltose $51 \%$. Dextrins $42 \%$. $\mathrm{NaCl} 2 \%$. $\mathrm{H} .05 \%$. No. 2 Maltose 52\%. Dextrins $43 \%$. $\mathrm{H} \mathrm{OO} 5 \%$. <br> No. 3 Maltose $51 \%$. Dextrins $41 \%, \mathrm{KCO}_{2} 3 \% . \mathrm{H}_{2} \mathrm{O}$ 5\%.

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[^4]
## HOW TO KILL A MEDICAL SOCIETY

By Charles J. Whalen, M. D.

1. Don't come to the meetings. If you do come, come late.
2. If the weather doesn't suit you, don't think of coming.
3. If you do attend a meeting, find fault with the work of the officers and other members.
4. Never accept office, as it is easier to criticize than to do things. Nevertheless, get sore if you are not appointed to a committee; but if you are, do not attend the committee meetings.
5. If asked by the chairman to give your opinion regarding some important matter, tell him you have nothing to say.
6. After the meeting, tell everyone how things ought to be done.
7. Do nothing more than is absolutely necessary, but when other members roll up their sleeves and willingly and unselfishly use their ability to help matters along, howl that the organization is being run by a clique.

A noted financier was taken seriously ill at ninety years of age and felt that his end was near.
"Nonsense," said the doctor. "The Lord isn't going to take you until you've passed the hundred mark."
"No, my friend," said the banker. "That wouldn't be good finance. Why should the Lord wait until I reach par when He can pick me up at 90 ?"

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[^1]:    (Contimued on page 11)

[^2]:    * The desirable iron intake for children, according to Rose af al, is 0.76 mg. per 100 calories. Infant of 2 month ( 81 l l .) and infant of 3 montis $(11 / 1 \mathrm{hb}$ ), both require 50 calories per lb . 5
    ${ }^{1.6}$ Bitiography on request.

[^3]:    "WE DO OUR PART!"

[^4]:    

