

BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

Vol. V

JANUARY, 1935

No. 1

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

JANUARY 8. 8:15 P. M.

Cancer of the Uterus.....Dr. M. F. Dwyer, Seattle
DiscussionDr. W. W. Pascoe
Case Report: Rickets.....Dr. D. M. Dayton
The Common Interests of the Department of Labor and
Industry and the Medical Profession.....
Hon. E. Pat Kelly, Director of Labor & Industry, Olympia

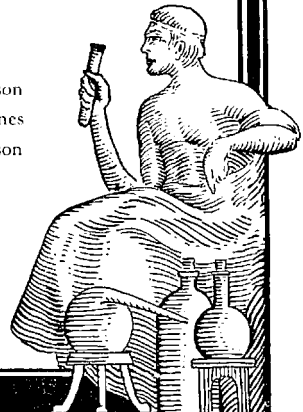
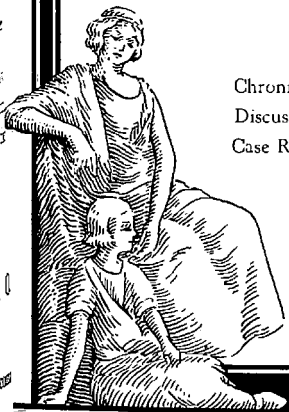
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JANUARY 22

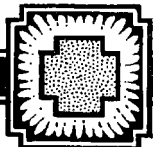
Chronic Nephritis and Its Sequelae.....Dr. F. R. Maddison
Discussion.....Dr. E. W. Janes
Case Report.....Dr. David H. Johnson

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In the proposals for the socialization of the practice of medicine, such as voluntary or compulsory insurance and state medicine, there is no provision for the care of the indigent. Evidently the legislative mind considers this question adequately settled by the passage of sundry poor laws, the establishment of city and county hospitals and philanthropic efforts. That this is not so is realized most particularly by the doctor. Throughout the ages the burden of the care of the poor has rested on his shoulders and to his everlasting credit it has been his practice to give freely of his services to those in need without thought or expectation of remuneration.

To avail themselves of these medical services clinics of all branches of medical practice and large hospitals have been erected all over the land in which the poor are treated or given free hospital care. The erection of these institutions and their endowment was made possible by the gifts of individuals and groups of people, mostly by those of wealth. All those who erected the buildings, all those who worked to sustain the institution, all those who furnished the needed supplies, all those who were paid for their services except the physicians, who did the real and vital work, without which the institution could not exist. Against the amounts spent in founding and endowing these institutions the doctors, throughout the years, have contributed many times that amount in services. Many a physician contributes from two to four working days each week in these institutions for which he receives absolutely nothing.

With the growth in numbers and rivalry for patients there has been a gradual extension of their activities, until in many cases they have become real competitors of the doctor in private practice. With little or but a perfunctory investigation of their financial conditions, many families who are able to, and should, pay for their medical care are receiving these services as charity.

A similar situation exists throughout the country in our city and county hospitals.

Everywhere we see the institutions with a small, poorly paid and overworked staff, relying upon the medical profession in general to give their services. A most notable example is King County, where they have erected a palatial structure, in which a non-paid group of physicians give their services to the city and county. Everyone else is paid, and paid well, if one believes some of the evidence presented to a recent grand jury. The architect, the contractor, the laborers, the lawyers, the butcher and baker and all who sell supplies are provided for, all but the doctor.

The people at large do not know that such a condition exists. When told that this is so they express amazement. They are under the impression that when they give an amount for a charitable cause, and when they pay a certain amount of taxes for these purposes, that all costs, including the doctor's services, are covered. Even the patients in these hospitals are unaware of these relations. They feel under no obligation to the doctor who gives his valuable service. He is but doing his day's work. He is paid by the county.

In times past the small group of society represented by those engaged in the practice of medicine could assume this care and did it cheerfully and willingly, but can they continue to do so with a constantly diminishing field from which they may make a livelihood? The Federal Government, by its care of the soldiers and sailors, the extension of the Public Health activities and the care of all war veter-

ans, along with the growth of contract practice by the railroads, large industries, lodges and insurance companies, are taking more and more people under their protection and constantly limiting the field of private practice.

With the enactment of some of the proposed measures for state medical insurance, further large numbers of people—it is impossible at present to estimate how many—will be removed from the field of potential patients of the private practitioner. Working in these narrow limits, with the number of people who may need his services greatly curtailed, will the doctor be able to get sufficient remuneration, so that he is able to support himself and family, do his necessary post graduate work and educate his children? In addition, when he pays his proportionate part of taxes, will he be able to continue to bear such an unequal share of the load, in institutional, state and county charity?

These questions of necessity require an answer by the proponents of medical insurance. The public should have a clear understanding of the part the doctor plays in all the civic and community activities concerning public health. A proper understanding is necessary for a more equal distribution for the medical care of the indigents, among all members of society.

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THE BUSINESS BUREAU

CO-OPERATION OR HEALTH INSURANCE?

By JOHN SCHLARB, JR.

In the January legislature in twenty-eight states proposals will be made for the introduction of compulsory health insurance bills. These bills all spring from a common source, the American Association for Social Security. This organization represents social agencies, social welfare workers and charitable societies throughout the country. Its efforts to secure the passage of health insurance legislation are prompted by a conviction among its members that the cost of medical care is too uneven and too high to be borne by persons of low income.

These bills as proposed are aimed at the destruction of the present method of rendering medical care. It is their intention to provide a means of obtaining medical services without an excessive burden of debt. The natural reaction to all such proposals on the part of the organized medical profession is opposition, yet the opposition of the medical profession cannot possibly prevent the passage of such legislation. In practically every European country where health insurance is in effect, organized medicine opposed the development to the last moment. It is thought by most students of the subject that the unbending opposition of the medical profession in Europe is largely what brought about the present organizations. It is to be hoped that whatever is done in America will be done by the medical profession and not in opposition to it.

It is neither desirable nor possible to assert any longer that we do not need some reform in the distribution of medical care. Seventeen thousand uncollectible accounts and an outstanding medical indebtedness of \$2,250,000 in a city of one hundred thousand persons is evidence too strong to be denied. However, it does not follow that the solution to this predicament must be health insurance. There are, on the contrary, two things which might be done by the medical profession of Pierce

County to remedy the present situation.

In the first place, the demand for health insurance is brought about not by dissatisfaction with the quality of medical care or the skill of the physician, but by a dissatisfaction with the method of meeting the costs of medical care which has allowed this indebtedness to accrue. The Business Bureau has for two years been engaged in an attempt to compile a credit record which would enable the profession to deal intelligently with charges. This record contains information which if used would make it possible to find out who is entitled to credit, and what the relationship is between outstanding medical bills and the ability to pay these bills. If the Bureau were properly used by ninety per cent of the profession, dead-beats could be kept from obtaining credit, persons whose incomes required them to budget could be placed on a budget basis before further credit is extended, arrangements could be made to take care of these obligations and future ones in small monthly installments suited to the means of the individual patient, the expensive habit of shopping could be greatly reduced, and the whole system placed on a rational, businesslike basis.

To accomplish this end all that is required of the members of the profession is that they shall furnish the Credit Department of the

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Bureau with continuous up-to-date information, and shall consult this department on all new patients.

The public reaction to credit control and budgeting as operated by the Bureau has been more favorable than that of the profession itself. The public interest in health insurance is simply a desire to escape from the present dilemma of unpaid and unpayable medical bills, and to place the purchase of medical care on a budgetary basis. The public is inclined to blame the profession for the present predicament to some extent. This difficulty arises through the fact that although the public knows it ought to budget, it does not succeed in doing so.

The essential fact is that because of the unpredictable nature of illness and the uneven distribution of cost **THE PUBLIC CAN NEVER BUDGET FOR MEDICAL CARE UNTIL IT IS HELPED TO DO SO BY THE PROFESSION.** Health insurance is nothing more nor less than a method of sup-

plying medical care on a budgetary basis, and this result can be obtained through the existing organizations without health insurance if they have the co-operation of the profession.

At the present moment the co-operation of the profession with the Credit Department of the Bureau is less than 65%. Only 5% of the members co-operate fully. This is a serious handicap to the efficient administration of the Bureau, but in spite of it the Bureau has within the past twelve months maintained records on ninety thousand persons and collected approximately twenty-five thousand dollars in delinquent accounts.

It is fully possible through the Business Bureau to obtain the advantages of health insurance without the disadvantages of legislation. If the profession does not want compulsory health insurance, a way lies open before them.

• • •

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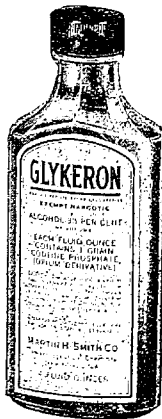
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MEDICAL PROGRESS IN 1934

A survey of the literature for 1934 shows a number of new things of interest. A few of them are herewith presented.

"A new treatment for delayed union or non-union of fractures" is described by Dr. R. M. Carter in *Journal of Bone & Joint Surgery* for October. His treatment consists of boring a number of small holes through the fragment ends, across the line of fracture, allowing the penetration of new blood vessels and furnishing fresh bone pulp, with a resulting stimulus to new bone formation. The author feels that on account of the simplicity and harmlessness of this operation it might well be tried before resorting to open operation.

Dr. W. L. Secor writes of "A new and superior antiseptic solution" in *American Journal of Surgery* for December. The article refers to an isotonic solution of iodine, developed at the Mellon Institute in Pittsburgh, which is said to have the qualities of effectiveness, versatility, economy and stability.

A new specific antiserum for tularemia is described by Dr. Lee Foshay in *American Journal of the Medical Sciences* for February. He reports a series of cases in which this antiserum was used, with prompt amelioration of symptoms in all but one, who was received in a dying condition, with extensive involvement of the lungs, liver and spleen.

In *American Journal of Surgery* for February Dr. Felix Cunha describes a new mode of treatment for peptic ulcer with synodal. Cunha feels that the results which he has had in his series of cases justify further clinical study. He cites as particular advantages of this treatment that it permits patients to continue their ordinary routine and shortens their period of strict dieting.

Another interesting paper on peptic ulcer is that of Dr. Penn Riddle, published in the *Texas State Journal of Medicine* for August.

Dr. Riddle states that in operating for peptic ulcer he observed conditions which led him to conclude that he might be dealing with varicose ulcers of the stomach. He feels that further support is given to his theory by the fact that both varicose ulcers and peptic ulcers are relieved by support, and that the relief given by an elastic girdle in peptic ulcer follows the pumping out of the stagnant blood from the stomach and duodenum back through the liver into the systemic venous circulation, rather than relief of the splanchnic pull, as heretofore believed.

Kolmer, of Temple University, has a noteworthy article in *American Journal of the Medical Sciences* for October, entitled "A successful method for vaccination against acute anterior poliomyelitis." He describes experimental work on monkeys and gives his method for immunizing children. The author states that even though the incidence of this disease is low he is convinced of the advisability of immunization.

A paper by Dr. L. G. Herrmann and Dr. M. R. Reid in *Archives of Surgery* for November describes an apparatus called "Pavex", used in passive vascular exercise for obliterative arterial disease. The apparatus produces rhythmic alternation of pressure about the extremity, looking to the establishment of an adequate collateral circulation.

Dr. M. A. Stewart, in *Surgery, Gynecology & Obstetrics* for February, describes experiments in the use of trinitrophenol and calcium carbonate in the treatment of osteomyelitis, based on the fact that it has been found that maggots exude calcium carbonate through their body walls.

"A new treatment for various kinds of coma" is discussed in *Annals of Internal Medicine* for November by Dr. Richard Bauer, of Vienna. He reports good results from the use of liver extract in comatose patients suffering

from various diseases and gives the rationale of the treatment.

In the Journal of the American Medical Association for March 10, Dr. E. O. Latimer tells of the use of tannic acid in the treatment of bedsores. He says that results have been far more satisfactory than with any other method used on control lesions and that many of the arguments in favor of the use of tannic acid in the treatment of burns may be advanced in its use in the treatment of decubitus.

Drs. C. and J. L. DeCourcy have an article in American Journal of Surgery for August entitled "Essential hypertension, with treatment by bilateral subtotal adrenalectomy," which is of great interest. They conclude that essential hypertension is directly related to hyperplasia of the medullary tissue of the adrenal glands under constant sympathetic stimulation, with secretion of excessive amounts of adrenalin into the blood stream.

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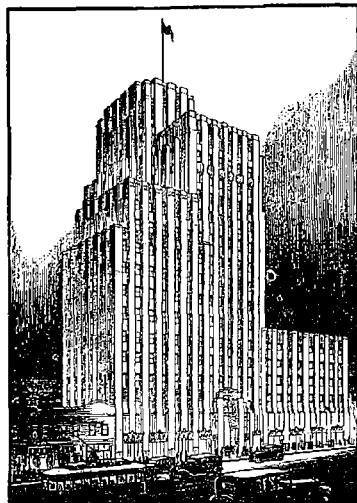
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Christmas Party

The auxiliary members are grateful to Mr. Cummings, of the Tacoma General Hospital, for extending the hospitality of the Nurses' Home for the meeting held Tuesday evening, December 11. Miss Gibson and Miss Bedrosky of the hospital staff joined Mrs. D. H. Bell in receiving guests.

After a brief business session, the guests were delighted by a talk on "Vacationing in the South Seas" given by Mrs. Bell while Dr. Bell showed a number of reels of moving pictures taken by the Bells on their recent trip. Music included songs by Mrs. Darrell Running, a member whose programs are always welcomed.

Mrs. Edwin Warren and her social committee were joined by Mrs. T. H. Long and members of the legislative committee in arranging the beautiful table and the supper at which the members of the Pierce County Medical Association joined their wives.

January Meeting

Guests are cordially invited to join members for the open meeting to be held in the Medical Arts Auditorium Thursday, January 10, at 10:30 in the morning. The public relations committee, serving as hostesses, have arranged for a talk on "Children's Dentistry" by Dr. Orin A. Simons.

Through the President's Council an invitation has been extended to the president of every woman's club in the city. Members are urged to bring friends.

Public Relations Committee

Mrs. J. F. Steele reports activities of her committee during recent weeks. Many copies of Hygeia have been distributed and splendid talks have been given. Mrs. Trimble spoke at Sumner on "Mental Hygiene in Adult Life," and Mrs. Brown has travelled to Ashford and Alderton to speak on child health.

Message from National Officers

The October number of the American Medical Association Bulletin carried to our members the greeting of Mrs. Robert M. Tomlinson, national president. In part, Mrs. Tomlinson writes, "We must never lose sight for a moment of that definition of the word 'auxiliary'. We do not have the freedom that belongs to an independent organization, but in turn ours is an honor that cannot belong to other women. And so I urge you, remember that we are an auxiliary and keep in close touch with your advisory committee, and so fulfill the function that has been assigned to us by the medical profession. * * *

"This year the national auxiliary is asking the state and county auxiliaries to carry out definite pieces of work. First, the promotion of the use of Hygeia. This magazine is the official publication for lay readers. It is a most delightful publication and is attractively written with the idea of putting authentic health information in the hands of the public that it might not be led astray by the great amount of unscientific and erroneous information that is constantly kept before it. * * *

Mrs. Robert E. Fitzgerald, editor of the News Letter and of the auxiliary pages of the Bulletin, sends us in the October issue the following message: "One of the main objects of the Woman's Auxiliary to the American Medical Association is education. By imparting to the average layman the point of view of the medical profession and by setting forth its reasons for taking the stand it does on the various problems confronting it today, the auxiliary women can do a great deal toward solving these problems. * * *

A Poor Scholar . . . because of a Poor Breakfast

MANY a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental breakfast" of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school.

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children receiving supplements of Pablum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina. Reprint sent on request of physicians. Mead Johnson & Company, Evansville, Indiana, U.S.A.

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TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet on January 15 at 6 P. M. at the Walker Hotel. The program follows:

Pathology and treatment: internal secretions of the pancreas.....Dr. W. B. Penney
 Review of recent literature on pharmacology.....Dr. F. R. Maddison
 Case report.....Dr. J. W. Gullikson

NEWS ITEMS

Dr. and Mrs. T. F. Neil are receiving congratulations on the birth of a son at the Tacoma General Hospital.

Dr. A. C. Stewart is spending two weeks in California.

Mr. and Mrs. John Hillis, of North Dakota, are guests of Dr. and Mrs. A. E. Hillis.

Mrs. J. A. LaGasa has returned from a visit of several weeks in California.

Dr. W. A. Niethammer has just been elected president of the Young Men's Business Club.

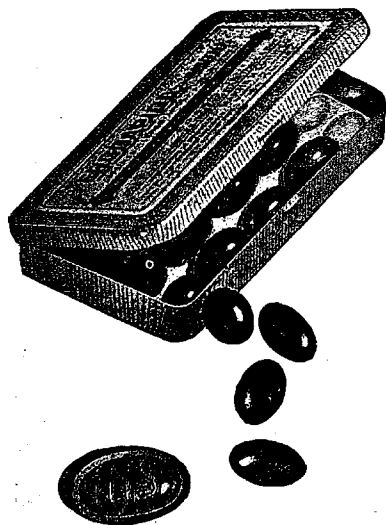
The doctors and dentists in the Medical Arts Building entertained colleagues outside the building at a Tom and Jerry party in the auditorium on December 30. A jolly time was reported.

TACOMA GENERAL HOSPITAL

After eight and one-half years at the Tacoma General Hospital, first as students and later as faculty members, two of the nursing staff have recently resigned. Miss Signe Wold, Director of Nurses, left December 6th to accept the position of Assistant Superintendent of the Everett General Hospital. Miss Doris Anderson, Assistant Director of Nurses, left January 1st to be married. We shall indeed miss both at the hospital but we wish them every success in their new undertakings.

Miss Laura Gibson, formerly Night Supervisor, has succeeded Miss Wold as Acting Director of Nurses. Miss Ione La Rue, formerly Supervisor on Second South, is taking Miss Anderson's place. Miss Katherine Hoffman will replace Miss Gibson on nights, and Miss Gertrude Tunnard will replace Miss La Rue on Second South.

The Senior Class recently enjoyed a very

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interesting field trip to the Veteran's Hospital at American Lake in connection with their course in Psychiatry. Dr. Stewart arranged the trip with Dr. Stalter, and Dr. Neil conducted the interesting ward walk at the Institution. A hearty "thank you" is extended to these three for their interest and efforts.

Now that the new year is here, don't forget to mark your new calendars for:
Tumor Clinic every Tuesday morning, 9:30.
Medical Clinic every Thursday morning, 9:30.
Pathological X-ray Conference the first Tuesday of the month, 7:30 P. M.

A most interesting Clinical Pathological Conference was given at the meeting November 6th. Microscopic and lantern slides made at the Tacoma General Hospital were shown by Dr. Terry in discussing the case presented. A great deal of interesting and worthwhile material will be presented in like manner as time goes on.

Twenty-six of the Preliminary Students will receive their caps January 5th, culminating their four months preliminary work, admitting them to the school as full-fledged students,

and marking their first milestone on the road to becoming a nurse.

Dr. and Mrs. B. T. Terry left December 13th to spend the holidays with their daughter and her family in Rochester, Minnesota.

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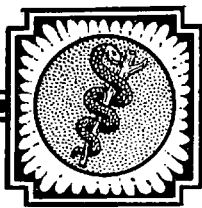
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V

FEBRUARY, 1935

No. 2

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

FEBRUARY 12

- Experience as a medical missionary in China
(illustrated).....Dr. C. G. Trimble
- Case report.....Dr. E. F. Dodds
- Case report.....Dr. J. F. Steele
- Case report.....Dr. J. F. Griggs, Jr.

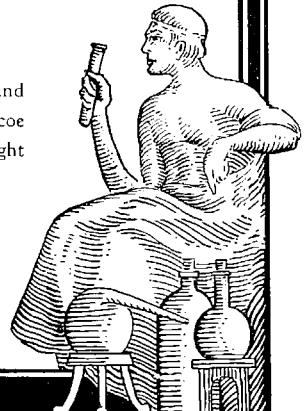
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FEBRUARY 26

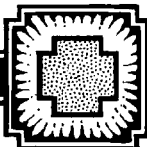
- Skin manifestations of gastro-intestinal disease.....
Dr. Lyle D. Kingery, Portland
- Discussion.....Dr. C. S. Pascoe
- Case report.....Dr. S. E. Light

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TACOMA, WASHINGTON



ING HUMANITY



THROUGH SCIENCE

Pierce County Medical Society

EDITORIAL

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	{ Dr. T. H. Duerfeldt
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	{ Dr. A. L. Schultz
	{ Dr. C. V. Lundvick

As the years go by and we learn more of the history of the World War it becomes evident that our entry into the conflict was hastened by the continuous propaganda which was given to us, not only in almost everything we read but by the spoken word. In the conduct of the war itself and to foster a belief in the sacredness of its cause each nation developed this power of persuasion to a remarkable degree.

Today this medium is in almost universal use. Each actor, movie star and prize fighter has his press agent to sing his praises, large corporations spend huge sums of money each year to justify their practices and every mass movement in politics, religion and government feels the need of presenting its views and opinions to the public.

The quacks and patent medicine vendors blatantly blow about their merits and their wares over the radio and emblazon the newspapers with misleading and false advertisements. The religio-philosophic societies actively disseminate a mass of pseudo-truth and misinformation, while the medical profession as a whole remains silent.

The people are eager and waiting for information and are more than glad to learn about medicine as well as other subjects. It is a surprise to those who speak on medical subjects before parent-teacher groups, at service clubs and other public gatherings, to note the strict attention of the listeners, the interest in what is said and their evident appreciation of the importance of hearing about matters of health.

The traditional attitude of the medical profession against advertising and the opposition to any personal glorification has been a force for good and productive of keeping a decent dignity within the medical ranks, not deemed necessary in other callings. However, this habit of mind and usage has tended to keep the doctors too silent and has resulted in the lay public forming a dim and hazy idea of medical thought, its aims and ideals. This lack of understanding is in large measure responsible for the attitude of many of those who

embrace strange and mysterious methods of healing and those who do not feel in sympathy with what they consider to be the real purposes of the doctors as a class.

The medical societies and the individual members should be more active, and each should do his part in spreading the gospel of good health. They should be proud of their calling and should not hesitate to let the people know that the very best medical service in the world is that given here at home in the U. S. A. They should be eager to tell the fascinating story of the evolution of medicine through the years, of its conquest of dread diseases and epidemics in the past, of its great achievements of today and of the investigation of study which is now going on to make it a more mighty force for good in the future.

The practice of medicine was not built upon the sands of superstition or dogma but upon the rock of investigation and truth. Do not hide its scientific light under a bushel, but let it shine before all men.

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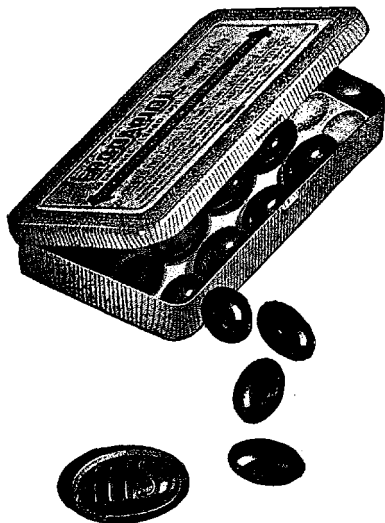
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Literature on request.

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THE BUSINESS BUREAU

THE FATE OF PRIVATE PRACTICE

By JOHN SCHLARB, JR.

Three years ago we were disturbed by government encroachment on private practice. As the depression deepened our fear of government changed to fear of lack of government. Our principal worry was the death of private practice through starvation. Patients could no longer meet the costs of private medical care. Gradually the relief agencies took over the burden of unemployment, and with it a part of the burden of free medical care.

At the moment, interest is upon the spread of contract practice and its effect on the private care of the sick. Clearly, contract practice is on the increase. Within the last few days the Medical Society has elected to continue its experiments in this field. Seventeen years ago the Society was on record as opposed to contract practice in any form.

There is a common feature in all these problems. Private practice as an institution can no longer talk about the possibilities of remaining intact. It is not intact now and can not be so again except upon a revised basis.

The conditions discussed above are but symptoms of a common disturbance. Without criticism to private practice, social and economic conditions in the world have so changed in twenty years that the problems in the distribution of medical care can no longer be met by private practice alone. If any doubt exists as to whether private practice is able to meet the problems in this field, at least the problems have not been met, and the conflict of

interest between the various types of medical care indicates an unsatisfactory situation.

The demand for state medicine and health insurance is caused by the present situation, and it is idle talk to say that the present situation is caused by such a demand. It may be clearly shown with overwhelming evidence that the demand for health insurance exists only where other conditions are unsatisfactory.

It is possible to avoid state medicine through the concerted action of the medical profession, not by resistance to proposed legislation, but by an honest effort to face the issues constructively. The demand is for better distribution of medical care and a budget plan of payment. The issue here is not between contract practice and private practice, or between any other combination; it is an issue between private practice and public practice, which means socialization.

If private practice is to be restored under that or any other name, it can only be accomplished through a fully organized medical profession, working in complete harmony toward a single objective.

It has been said that voluntary insurance fails and is superseded by compulsory insurance. It is equally true that voluntary cooperation of the medical profession may fail. The consequences of failure are obvious.

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Radio.....	Mrs. E. F. Dodds

Regular Auxiliary meeting day is the second Thursday of each month.

FEBRUARY MEETING

February 14, at 10:30 A. M. the Auxiliary to the Pierce County Medical Association will meet in the Medical Arts Auditorium for a brief business meeting and a program in charge of Mrs. J. Arnason Johnson, chairman of the Hygeia Committee.

Miss Rebecca Griggs, daughter of the late Dr. Joseph F. Griggs, a volunteer worker for the Family Welfare Association, will speak briefly on "The Underprivileged Family from the Point of View of the Volunteer."

Mr. John Schlarb, Jr., of the Physicians' and Dentists' Business Bureau, will then talk

on "The Socialization of Medicine." The problem deals with unpaid medical bills, the unmet medical needs in the community, state medicine, and proposed legislation for compulsory health insurance. This legislation would place doctors under the control of the state and regulate their practice and their incomes.

Mr. Schlarb will outline the results of a study made of European and American plans, and will give a discussion of the present situation in Tacoma.

BOARD MEETING

The Board is asked to meet promptly at 10:30 A. M. in the auditorium before the regular meeting, February 14.

DR. SIMONS SPOKE AT JANUARY MEETING

Members of the auxiliary are grateful to Dr. A. Orin Simons for providing an excellent program for the open meeting, January 10, which gathered together many friends who are interested in matters of health. Dr. Simons discussed teeth and poor mouth conditions as the source of much ill health in children and urged the use of the dentist for advice and aid in preventing trouble rather than merely for the repair of damage.

The Public Relations Committee with Mrs. John F. Steele as chairman had charge of the program which was preceded by a business session with committee reports.

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President—Mr. Albert Millbank, prominent attorney of New York City, Chairman of the Borden Company (Borden's Condensed Milk).

Directing Officer—Mr. John A. Kingsbury, one-time secretary of New York State Conference of Charities and Correction.

Purpose—To improve the physical, mental and moral condition of humanity and to advance charitable and benevolent projects.

Activities—Philanthropic service in the fields of health, social welfare and education, and over two-thirds of its total expenditures have been made for health—primarily for public health and health research.

History—Largest contributor to the Committee on the Costs of Medical Care. After reports of that Committee were published, this Fund circulated an official statement expressing dissatisfaction with them and definitely declaring itself of *intention to promote Compulsory Health Insurance.*

*Finances—

Capital	\$10,702,093.00
Grants paid:	
from income	873,060.00
from principal	225,000.00
Administration expense ---	50,739.00

JULIUS ROSENWALD FUND

Founder—Julius Rosenwald, shortly before his death, with stipulation that original grant plus interest must be expended within 25 years after his death.

Directing Officer—Mr. Michael Davis, member of a Majority Group of the Committee on Costs of Medical Care.

Purpose—To promote negro education, negro health agencies, co-operation in pay clinics and medical service for persons of moderate means; the development of county library service in the southern states, and to give aid to the study of social problems and assistance to a few educational projects.

Activities—Mr. Davis has been very active *Promoting Group Hospital Service Plans.* He has been appearing frequently on the programs of the American Hospital Association and has been very active in getting about the country and furnishing advice to all sorts of groups, *including Medical Societies.*

*Finances—

Capital	\$13,711,295.00
Grants paid:	
from income	476,452.00
from principal	1,935,558.00
Administration expense ---	63,441.00

TWENTIETH CENTURY FUND OF NEW YORK

Founder—Mr. Edward A. Filene, senior officer of William Filene's Sons Company of Boston. Very active and influential in promoting the work of this organization.

Directing Officer—Mr. Evans Clark.

Purpose—To promote the improvement of economic organization and technique for the common good.

Activities—It has been the general practice of the trustees to contribute chiefly to organizations in the fields of industry and business which are dedicated to ends which increase human prosperity and well being.

History—Mr. Filene not a member of Committee on Costs of Medical Care, but he contributed heavily and attended several of its meetings. Has been extremely active in his efforts to *promote Sickness Insurance* and is apparently definitely committed to some plan of *Compulsory Insurance.*

*Finances—

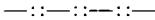
Capital	\$ 2,460,000.00
Grants paid:	
from income	123,348.00
Administration expense ---	30,131.00

—Bulletin of the Lackawanna County Medical Society, Scranton, Pa.

**TACOMA SURGICAL CLUB
ANNUAL MEETING**

The annual meeting of the Tacoma Surgical Club will be held on March 30, 1935. The day will be devoted to the study of obstetric and gynecologic pathology, with Dr. O. H. Schwarz, Professor of Obstetrics and Gynecology, Washington University, St. Louis, as guest speaker.

Reservations may be made with Dr. R. C. Schaeffer, Medical Arts Building, Tacoma, Washington.



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

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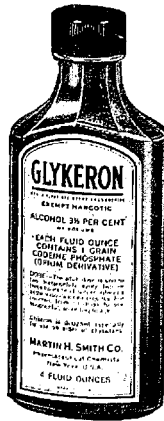
A Bronchial Sedative

Control the cough that weakens your patient.

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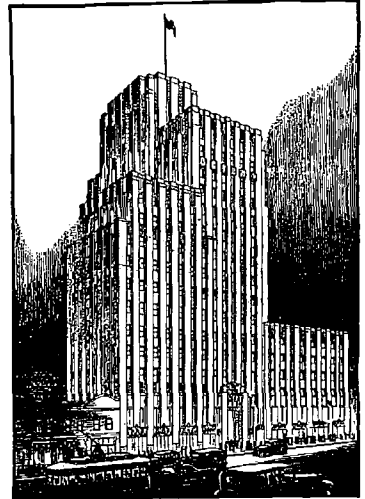
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TACOMA GENERAL HOSPITAL

Miss Pauline Steele, of the Pathological Department, has just returned from a month's study at Mayo Clinic, Rochester. She specialized in photographic work and brought back many new ideas for the Photographic Laboratory at Tacoma General Hospital.

Miss Ruth Babb, Physiotherapist, has been a patient in the hospital recently, but is convalescing nicely. Her work is being carried on by Miss Elizabeth Jones of Seattle.

Miss Anette Sutherland, Educational Director and member of the State Board of Nurse Examiners, recently spent two weeks in Seattle giving and correcting the last State Examinations for Nurses.

We are anticipating the entrance of another class of students February 5th to begin their four months preliminary work.

—:—:—:—:—:—

Doctor: "Undoubtedly you need more exercise. What is your occupation?"

Patient: "I am a piano shifter."

Doctor: "Well—er—hereafter shift two at a time."

HOW FAR SHOULD STATE HEALTH DEPARTMENTS GO?

BABY'S PROPER FEEDING THE DOCTOR'S PROBLEM. One of the most frequent inquiries received by the State Department of Health is that concerning an infant's diet. It is, of course, impossible for the Department to advise or give suggestions regarding a suitable diet for any infant. It apparently is not generally realized by the laity, that food requirements vary for every infant. One infant may thrive on a given food while the next will not tolerate it. Consideration must be given to the fundamental requirements of each infant such as the protein, fat, carbohydrate, water, mineral and vitamin requirements. So far as is known, breast milk is the only universally suitable food for infants. If a baby is deprived of this he should be taken to the family physician and placed on a proper feeding. It is only after a thorough history has been taken and a thorough physical examination has been made that the proper food can be advised for any infant. It is quite obvious that such service is out of the realm of the State Department of Health.

The Department, however, has literature on infant care that is available on request. The Children's Bureau at Washington also publishes some excellent pamphlets on infant and child care which should be read by every mother who wishes to give her child the best of care and training.—From *Ohio Health News*, Nov., 1934.

—:—:—:—:—

Susie: "Little cousin Carrie swallowed a firecracker!"

Gus: "What did the doctor say?"

Susie: "Oh, we haven't had any report."

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CONTROLLED Cereal Cookery

If you instruct ten different mothers, "Cook baby's cereal thus and so," there will be ten different results.

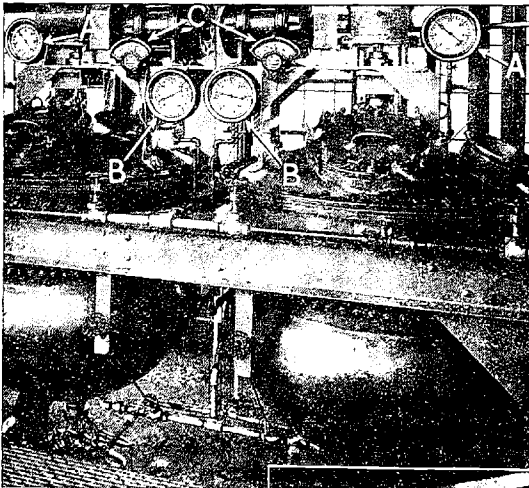
HOME-COOKED cereal is seldom a uniform product . . . because of many uncontrolled factors. The cook, for instance, rarely measures the cereal and the liquid accurately. Nor does she time the cooking carefully. Even if she does, the intensity of the heat varies. Further, the degree of evaporation differs.

Even the type of utensil is a factor. Cooking cereal in a double boiler is likely to cause a surface "skin" to form that is even less digestible than raw starch, Carman *et al* find from digestibility

studies *in vitro* of breakfast cereals. They also report that single-boiler cooking for more than 15 minutes actually "decreases digestibility because of the formation of lumps produced by too rapid evaporation of water." This clumping is unavoidable without a condenser and with ordinary household utensils.

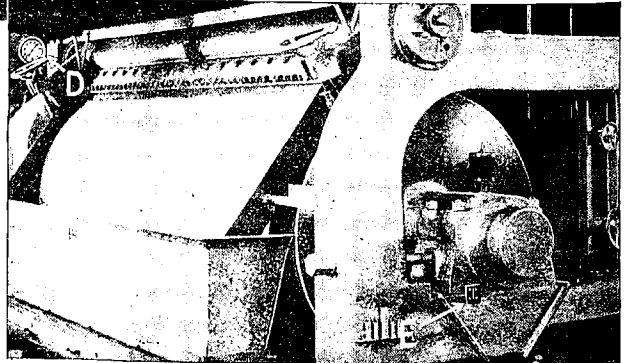
Pablum*, in contrast, is manufactured by a patented process and precision methods which insure a thoroughly cooked and uniform cereal. This is substantiated by *in vitro* studies of Ross and

Burrill, which show that the starch of Pablum without additional cooking is more rapidly digested than that of oatmeal, farina, cornmeal, or whole wheat cooked 4 hours in a double boiler.



Left—Two double-jacket cookers in which Pablum is steam-cooked under rigid control. Live steam of uniform pressure and temperature flows into the cookers and displaces air above the cereal thus preventing oxidation and affording protection to vitamins and flavor. A unique paddle-knife constantly agitates the mixture so that a fresh surface is constantly presented to the steam. Note three gauges used in controlling cooking: (A) gauges maintaining uniform steam pressure in tops of cookers; (B) gauges regulating steam pressure in surrounding jackets; (C) thermometers for control of temperature (control of steam pressure and of temperature are both essential).

Right—One of many drum dryers used in the manufacture of Pablum. After the cereal mixture is steam-cooked it is dropped between revolving steam-heated rollers which roll and dry it in a uniform layer of material. Gauge (D) is used as a check on the steam pressure within the drums. Distance between them is maintained within thousandths of an inch by means of a micrometer plate (E).



*Pablum (Mead's Cereal pre-cooked) is a palatable cereal enriched with vitamin and mineral containing foods, consisting of wheatmeal, oatmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast and sodium chloride. Patent pending.

Please enclose professional card to Mead Johnson & Company, Evansville, Indiana, U.S.A., when requesting samples of Mead products to cooperate in preventing their reaching unauthorized persons.

NEWS ITEMS

Dr. William Ludwig has recently received his certificate in Otolaryngology and Dr. Walter Cameron his certificate in Ophthalmology from the National Board of Examiners.

Dr. and Mrs. C. V. Lundvick are spending several weeks in California.

Dr. J. M. Havlina has taken over the offices of the late Dr. E. R. Perry in the Yorktheimer Building in South Tacoma.

Dr. J. S. Davies has been elected to the presidency of the Exchange Club.

Dr. and Mrs. A. C. Stewart have returned to Tacoma after having spent several weeks with friends in Long Beach and Los Angeles.

Dr. and Mrs. A. J. Meyer, formerly of St. Paul, are new residents of Tacoma. Dr. Meyer is a member of the Northern Pacific Hospital staff.

Dr. and Mrs. W. H. Goering are at home again after an absence of several months. Dr. Goering spent some time at the Steindler Clin-

ic in Iowa City and at the Campbell Clinic in Memphis. Their return was by way of California.

Dr. C. O. Sturdevant, formerly associated with Dr. A. C. Stewart, has removed to Portland, opening offices in the Medical-Dental Building.

Dr. H. B. Allison is spending some months in New York and Boston, doing special work in orthopedics.

FOR SALE: -Tice's Practice of Medicine, 8 vols., revised to date, \$50.00, S. E. Light, Medical Arts bldg., Tacoma, Wash.

Dr. E. D. Warren has been appointed Flight Surgeon for the Bureau of Aeronautics, Department of Commerce, to succeed Dr. Ross Wright.

Dr. Guy E. Griffith demonstrated the radical ethmosphenoidectomy operation at a clinic at King County Hospital on January 12. The Clinic preceded the annual dinner given by the President of the Puget Sound Academy of Ophthalmology and Oto-Laryngology.

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Tacoma, Wash.

Dr. and Mrs. T. H. Duerfeldt are receiving congratulations upon the birth of a son at the Tacoma General Hospital on February 2. The young man has been named Pryse Henry Duerfeldt, which automatically confers upon him the degree of Ph. D.

Drs. S. F. Herrmann, L. T. McNerthney and E. C. Yoder attended the ski tournament at Mount Tacoma recently.

Several men from Tacoma attended the meeting of the Seattle Surgical Society on January 25 and 26.

Mr. and Mrs. Harry House are receiving congratulations on the birth of a daughter on January 20.

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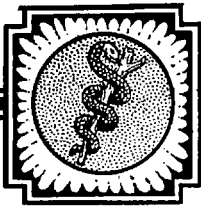
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V

MARCH, 1935

No. 3

PROGRAMS

MEDICAL ARTS BUILDING AUDITORIUM
8:15 P. M.

MARCH 12

- The More Common Causes of Death in Tacoma in 1934...
Dr. S. M. Creswell
- Treatment of Decompensation.....Dr. Christen Quevli, Jr.
Open Discussion
- Case Report—Acute Yellow Atrophy of the Liver in
Pregnancy -----Dr. A. L. Schultz

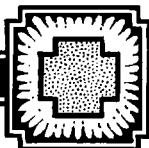
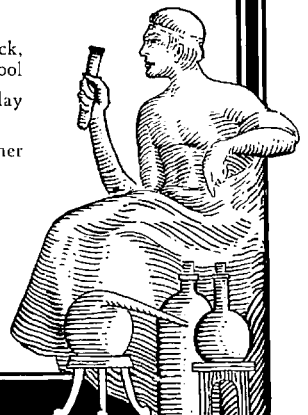
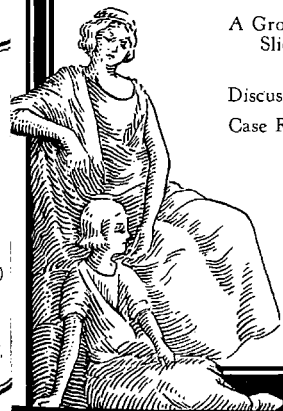
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MARCH 26

- A Group of Cases Seen in Pediatric Practice, with Lantern
Slides -----Dr. J. B. Bilderback,
University of Oregon Medical School
- Discussion -----Dr. D. M. Dayton, Dr. H. T. Clay
- Case Report—Primary Pyogenic Liver Abscess.....
Dr. W. A. Niethammer

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RECOMPENSE

Not very long ago a white-haired, genteel looking woman entered the consultation room of one of our local physicians. She introduced herself as follows: "I am Mrs. S—, the mother of Claude S—, whom you had under your care for so many months some fifteen years ago. Do you remember him? Well, he knows and I know that it was due to your skill and care that his life was saved and that he has been spared to comfort me in my old age. As I live in Chicago I have never been able to give you my personal thanks and I just dropped in to tell you how grateful I feel toward you and to tell you that all these years I have remembered you in my prayers."

The following letter has been received by another local physician and it was accompanied by a good sized check in payment for services:

"Dear Doctor:

"When late phone calls and inconvenient Sunday calls disturb your attempt to rest, I wonder if you always remember what a relief it is to some 'worryin'' family now that he has unloaded a burden to more capable shoulders? Sick folks may not be very articulate after recovery, but at the time their family physician is pretty important not only for medical service but also for some peace of mind. We want you to know that we do appreciate your very fine consideration and we would be ungrateful indeed if we were not as prompt to pay as you were prompt to serve our needs.

"Thanks."

As the doctor goes about his duties day by day, often harried by over-work and lack of sleep, the petty annoyances incident to his work are often magnified in their importance. Telephone conversations at inopportune times, the interrupted and hastily-eaten meals, the delayed or missed social engagements, the frivolous demands upon his time and the insistence upon his making home visits in all kinds of weather and at all times of the night, call for the exercise of the utmost patience upon his part.

Frequently he is called upon to administer to those who are in better health than he is himself. Often, upon responding to an emergency call at night, he finds no urgency whatever. The patient has been sick for days or maybe weeks, and this demand upon the physician's needful rest was made solely to allay the apprehensions of some member of the family or simply to satisfy the interference of some onlooker.

In regarding these disturbing incidents, inherent to the practice of medicine, the physician needs a good philosophy of life. He is made to realize that the science of medicine, with which he fights disease, is but a part of his attainments and that what he really does for his patient is sometimes the lesser factor in restoring health. As Robert Louis Stevenson says: "So it is that he brings air and cheer into the sick room, and often enough, though not so often as he wishes, brings healing." By his mere presence he brings comfort to the restless sufferer, consolation to those in grief and reassurance to the anxious. This is the true art of the practice of medicine, that which distinguishes it from commercial pursuits and brings that greater reward of inward satisfaction to the doctor.

In the routine and rush of his daily tasks the true physician practises his art, often not aware of his general influence, upon those about him. He meets with much disappointment, some amount of ingratitude and a great deal of casualness and general indifference, but with

this he also experiences a sense of reliance upon him in time of trouble, a confidence in his ability, a regard for his courtesies and an appreciation of his services, though not often expressed in words.

Happy indeed should the true physician be who, through the art of medicine, brings healing and comfort, and fortunate are those to whom he ministers.

LET'S DEBUNK THOSE SAMPLES

Physician's Samples or Complimentary Packages have but one purpose—to increase the sale and thus the income of some manufacturing druggist or pharmaceutical house.

What good does the physician derive? Little, if any! Probably harm! Here's how it works:

The physician receives a package of pills, powders, or a bottle of liquid medication. Then, to some chronic complainant or an "acquaintance-patient," the physician says "Try these." The package is either labeled, stamped on the cover or bottom, or contains literature. Then, if the medication works, your service is no longer needed and the druggist may continue to serve YOUR patient. The manufacturer reaps the benefit.

What to do about it

Let's DEBUNK such methods. Let's refuse all packages so labeled. Let's demand advertising in our local Bulletin. BUT let's not act hastily and individually—only after a committee of our Society has made a studied report!! Then let's attend to the situation as an organized unit. We'll get results.—F. E. T.

San Diego Medical Society Bulletin.

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THE BUSINESS BUREAU

THE CHARACTER OF UNPAID MEDICAL BILLS

The Bureau has recently undertaken a study of unpaid medical bills for the purpose of discovering the principal item of cost in cases of illness where the entire bill could not be paid. Some of the results of these studies are very striking.

Fifty-seven per cent of the cases studied which owed past due bills, owed the physician alone; 15.4% owed a physician and dentist, and the remaining 80% were divided among all combinations of doctor, medicine, hospital, eye care and other items. It will be seen at once that no matter what item represents the principal cost in medical service, it is the physician's bill which represents the principal unpaid portion.

The families from whom the above information was taken were studied in comparison with five hundred families having no past due medical bills, to discover characteristics of

other indebtedness. It was found that those who have no medical bills owe a far smaller amount of money on real estate and chattel mortgages, and that the average amount of such mortgages where they existed was substantially larger for those persons having past due medical bills.

These families whose medical bills were past due were found to have made a number of installment purchases. These purchases were principally for automobiles, luxuries and equipment for homes.

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This is a thing that we regret being obliged to mention. The other day your librarian, in looking up a reference which was badly needed by one of our members, found that the entire article had been cut from the volume. Two or three similar occurrences of late make it seem necessary to protest against such mutilation of library property. To say nothing of the ethical aspect of it, which is obvious, one who sees an article which he thinks he might have need of in the future would much better make a note of the reference and ask the librarian for the article when he wants it, or simply tell her about it and let her look it up for him, rather than cutting it out of the volume, putting it away and in all probability not being able to find it when he wants it.

Those who have asked for Christopher's Minor Surgery in the past will be glad to know that the library now has a copy, the gift of Dr. R. C. Schaeffer. The generosity of Dr. Schaeffer in this and many other instances is greatly appreciated.

We have received as a gift from the publishers a copy of "Fifty Years of Medicine and Surgery," by Dr. Franklin H. Martin, which makes fascinating reading.

New periodicals on our list are Journal of the Kansas Medical Association, sent us by courtesy of Northwest Medicine and Bulletin of the New York Academy of Medicine, received in exchange for our own Bulletin. The New York Bulletin is of magazine size and is indexed in the Quarterly Cumulative Index Medicus.

Gifts of magazines from Drs. Taylor, Janes, Bell, Jones, Willard, MacLean, Magill, Madison, Schaeffer, Mattson, Penney, Duerfeldt, Read, Whitacre, Light, Herrmann, Engels, Goering and Curran are acknowledged with thanks.

Several of the periodicals have been giving us noteworthy numbers of late. Surgery, Gynecology & Obstetrics for February 15 contains the Proceedings of the 1934 Clinical Congress of the American College of Surgeons, with the usual symposia on cancer, fractures, traumatic surgery, ophthalmology and otolaryngology. The January issue of Annals of Surgery is a special number in honor of Dr. Charles H. Frazier, of Philadelphia, presenting contributions in the fields of neurology, neurosurgery and general surgery by his former students and associates. The February issue of Surgical Clinics of North America contains a most interesting and valuable symposium on "The Clinical Significance of Pain," with articles on pain in the head, thorax, abdomen, extremities, urinary tract and gynecological and obstetrical pain.

Those who expect to attend the meeting of the Tacoma Surgical Club on March 30 will be interested in the following articles by Dr. O. H. Schwarz, the guest speaker:

Nonconvulsive types of toxemias in late pregnancy; American Journal of Obstetrics and Gynecology 28:334-342, September, 1934.

Calcium metabolism in pregnancy; Proceedings of International Assembly, Interstate Post Graduate Medical Association 6:39-44, 1930.

Puerperal infection; Journal of Missouri State Medical Association 27:450-451, September, 1930.

Important procedures in conservative treatment of eclampsia; American Journal of Obstetrics and Gynecology 18:515-528, October, 1929.

The kidney in eclampsia; American Journal of Surgery 3:440-448, November, 1927.

Endometrial tissue in abdominal scar following cesarean section; American Journal of Obstetrics and Gynecology 13:331-333, March, 1927.

Puerperal infections due to anaerobic streptococci; American Journal of Obstetrics and Gynecology 13:467-485, April, 1927.

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to PIERCE COUNTY MEDICAL SOCIETY

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**Second Thursday of each Month is
Regular Auxiliary Day**

MARCH MEETING

The 1935 membership tea will take the place of a regular business session this month. Mrs. W. W. Mattson will be hostess to the Auxiliary at her home, 45th Street and Cheyenne, Thursday afternoon, March 14, at two-thirty. The social committee, headed by Mrs. E. D. Warren, will assist Mrs. Mattson and Mrs. W. A. Monroe will provide music for the afternoon.

When the telephone committee calls you, kindly make your reservation definite.



FEBRUARY MEETING

Perhaps the most thought-provoking meeting of the year was held February 14, when Mr. John Schlarb, Jr., presented an array of facts gathered in Tacoma by the Foundation for Social Research in Medical Care.

These facts revealed on one hand an underpaid medical profession, due often to public attitude, and on the other hand a portion of the public whose medical needs are not being adequately met, due quite largely to inability to pay. Even though these conditions are aggravated because of the depression they were as characteristic of more prosperous times as they are today.

The attitude of the public toward medical service, the attitude of the politician toward medical service, and the attitude of the pro-

fession itself toward the problem of distribution of medical care were analyzed. Mr. Schlarb also touched briefly on conditions in medicine in Europe and expressed the conviction that conditions in this country warrant the most profound study by the medical profession and if satisfactory adjustment to changing social conditions is to be made, demands an informed, unified profession.

Miss Rebecca Griggs, a volunteer for the Family Welfare Association of Tacoma, followed with a splendid talk on "The Underprivileged Family from the Point of View of the Volunteer." Miss Griggs defined social work as an effort to help people help themselves and to assist those people who, unaided, fail to adjust themselves to the conditions they meet. A need is ever present, she pointed out, for individuals or volunteer groups to aid through such activities as friendly visiting or providing clothing where it is needed. She invited the interest and participation of the Auxiliary in the work of the Family Welfare Association.



A MESSAGE FROM OUR NATIONAL PROGRAM CHAIRMAN

The December issue of the American Medical Association Bulletin carries a message to all members of the Auxiliary and their husbands from a past president of the national auxiliary and our present program chairman, Mrs. Arthur B. McGlothlan. Too long to reprint entirely, we give you only a portion of her paper:

"We who are near the heart of the auxiliaries and know of their activities and of the relationships which they bear to their respective medical societies know that those with which the medical societies co-operate are accomplishing valuable educational work through other organizations with which they are allied, and that they are helping to bring about cooperative relationships between lay groups and the medical profession in those phases of education in which both are vitally interested. Members of auxiliaries which have been active in health education work have already accomplished results in helping to establish in

the minds of their lay associates the idea that the medical profession is the ultimate source from which should come authoritative information.

* * * * *

"Faith in the auxiliaries is growing as those which have the confidence and co-operation of their medical societies prove their worth by their 'good works.'

"Some of the units have taken seriously the request of the American Medical Association to assist in promotion of HYGEIA, its chief medium for education of the laity in matters pertaining to health and the work of medical men; many have established relationships with other lay organizations and have influenced them to use for their health programs literature published or approved by the medical profession and speakers who are members of the profession; others have given valuable assistance when requested to do so by their medical societies, by influencing members of lay organization to work for legislation approved by

the medical profession or against legislation detrimental to its interests; still others have been able to convince lay organizations of which they are members that physicians should not be expected to give free service to those who are able to pay for service and that families and individuals able to pay should not expect free service in clinics.

* * * * *

"If the auxiliaries are to continue to function and are to win the respect of professional men the members should prepare themselves for their work of administration and of education and should make use of available educational materials. The doctors who sanction the organization of auxiliaries should extend to them their friendly co-operation and guidance and should remember that a few words of approval for work well done will do much to produce the results they desire.

"* * * it might be well for members of the auxiliaries and the medical societies to pause a bit and reflect on the need of a unifying force within the profession and of better understanding between it and the public."



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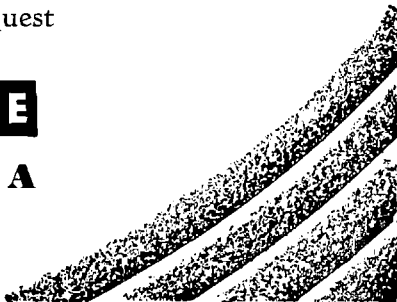
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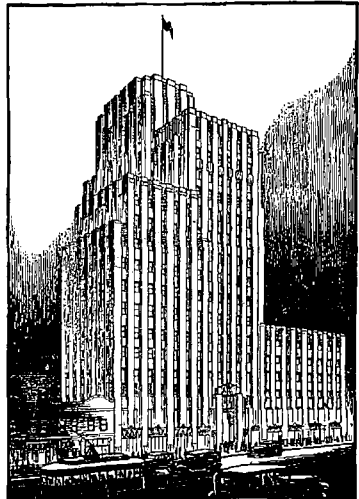
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TACOMA GENERAL HOSPITAL

Miss Ruth Babb, Physiotherapist, is now back on the job with the same old smile.

Miss Ruth Carlson, who has been taking a post-graduate course in surgery at Highland Hospital, Oakland, California, will return March 15 to assume her new position as Surgery Supervisor. Two new additions to the Operating Room staff are Miss Alice Morgan and Miss Virginia Byrd, who act as assistant supervisors. Both are graduates of the Tacoma General Hospital School of Nursing.

The sterilizing equipment in surgery has recently been completely gone over, brought up to date in every way and a new autoclave added.

Eighteen new students began their Preliminary Period February 5, and are deep in Anatomy and Physiology, Principles and Practices, Materia Medica, etc., by this time.

Dr. Edward H. Todd, president of the College of Puget Sound, was a recent patient in the hospital.

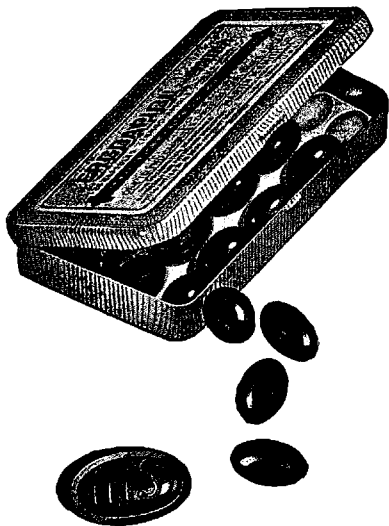
The monthly Clinical Pathological Conferences have been crowded to capacity. Especially interesting have been the photographic

slides of specimens from each case presented, shown at the same time as microscopic sections of these parts were projected onto the screen. Pictures are being taken in the Photographic Laboratory of specimens, interesting cases before and after treatment, etc., with most worthwhile results and the facilities available are open to all physicians.

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No antiricketic substance will straighten bones that have become misshapen as the result of rickets. But Bead's Viosterol (plain or in Halibut Liver Oil) can be depended upon to prevent ricketic deformities. This is not true of all antiricketic agents, many of which are so limited by tolerance or bulk that they cannot be given in quantities sufficient to arrest the ricketic process promptly, with the result that the bones are not adequately calcified to bear weight or muscle-pull and hence become deformed.

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Today, as for years, Ergoapiol (Smith) is the accepted medicament in combating those menstrual anomalies which may be traced to constitutional disturbances; atonicity of the reproductive organs; inflammatory conditions of the uterus or its appendages; mental emotion or exposure to the elements.

The physician readily can ascertain whether his prescription for Ergoapiol (Smith) has been correctly filled by dividing the capsule at the seam, thus revealing the initials M.H.S. embossed on the inner surface, as shown in photographic enlargement.

Literature on request.

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NEWS ITEMS

Dr. Cyril V. Lundvick has returned from an intensive two weeks study course put on by the eye, ear, nose and throat men of Los Angeles. The instructors of the course were Dr. Georges Portmann, of Bordeaux, France, Dr. Webb Weeks, of New York, Dr. Barnhill, of Indianapolis, and Dr. Harry Gradle, of Chicago. Their teaching embodied clinical, didactic and laboratory work in diseases of the eye, ear, nose and throat.

Dr. and Mrs. W. B. McCreery are sharing in congratulations being sent to Mr. and Mrs. Frank Norris, of Palo Alto, upon the birth of a little daughter. Mrs. Norris was formerly Alice McCreery.

Dr. W. N. Keller spoke on "Mental Hygiene" at a recent meeting of the Puyallup Chamber of Commerce.

Mrs. W. W. Pascoe spent some weeks in California recently, attending a regional Girl Scout committee meeting.

There is an open handicap billiard tournament being carried on in the Club Room in the Medical Arts Building. The following

brethren of the great medical and dental professions are playing: Coach Engels, Professor Janes, Smoky Joe Turner, Bookie Nelsen, Student Creswell, Bonecrusher Goering, Jawbreaker Wilbur, Visitor Walter Cameron, Willie Hoppe Cameron, Specs Jorgenson, Knee Jerk Magill, Young Jake Schaeffer, and Occlusion Fisher. The prize is to be a cue. Visitors are welcome and participants invited.

NOTICE!

Volume 7 of Dean Lewis' "Practice of Surgery" is missing from the library of the Tacoma General Hospital. It will be welcomed back with open arms if returned to the Hospital.

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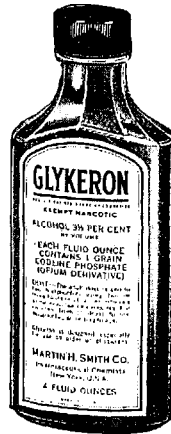
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It lessens the hazard of complications by getting rid of germ-laden secretions.

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Literature on request

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The "Continental" Breakfast is not suitable for a growing child

In far too many homes, a breakfast of a roll and a cup of coffee is the fare for children as well as adults. Woefully deficient in vitamins and minerals, such a meal furnishes little more than a small amount of calories. A dish of Pablum and milk, however, is just as easily prepared as a "continental breakfast," but furnishes a variety of minerals (calcium, phosphorus, iron, and copper) and vitamins (A, B, G, and E) not found so abundantly in any other cereal or breadstuff. The addition of a glass of orange juice and one Mead's Capsule of Viosterol in Halibut Liver Oil can easily build up this simple breakfast into a nourishing meal for the children of the family as well as the adult members. It is within the physician's province to inquire into and advise upon such matters, especially since Mead Products are never advertised to the public. *Servamus Fidem*, "We Are Keeping the Faith."

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Medical Arts Bldg.

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WHAT IS THE ANSWER

Twenty million people are bombarding Congress for \$200 a month for all persons over 60 years of age; one-fifth of the entire populace of the country restlessly clamor for this action. These masses, plus even greater numbers, estimated to total 80 per cent of the population, are beginning to insist upon expert medical care at a price they can pay.

Sociologists and politicians concerned with creating schemes to satisfy the ominously growing appetite of social unrest are devising ways and means through legislation to toss this restless monster a "bone," gnawed bare of meat by administrative handlers. These schemers are well-meaning but without adequate knowledge. The American League for Social Security has built up a propagandized bill for state medicine disguised as health insurance, and this bill is ready to be submitted to Congress as well as to all State legislatures, backed by the whipped-up masses equalling in number those clamoring for the Townsend Act.

This bill provides for politically controlled boards in every state, with myriads of subboards, county boards, city boards, investigators, the like of which would make the administrative force of prohibition appear infantile.

The personnel of these boards need have no medical training. They need only to be subservient to a patron saint who desires re-election. They have no interest in the patient—less in the physician—interest only in holding their jobs.

An indictment is out against the profession, brought in by a jury of sociologists and radicals claiming their action to be in the interests of masses who demand that something be done for them. That indictment cannot be met with lethargic protests of facts. Fire must be met with fire! Dynamic action and word must be carried to the masses who only ask that somebody do something. That somebody should be the profession itself, the only somebody who actually has something besides good intentions and "well-meaningness" to offer. The masses can be rallied to a proposition that is fundamentally right.—Bulletin of the Polk County Medical Society, Des Moines, Iowa.

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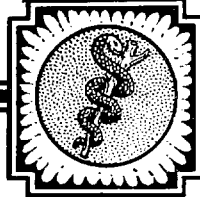
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V

APRIL, 1935

No. 4

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM

APRIL 9, 8:15 P. M.

Common Errors in Obstetrics-----Dr. Raymond E. Watkins.
Professor of Gynecology & Obstetrics,
University of Oregon Medical School, Portland
Report of Visit to Eastern Clinics-----Dr. H. B. Allison
Election of Nominating Committees

• • •

LAKEVIEW SANATORIUM

APRIL 23, 8:00 P. M.

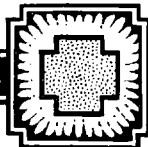
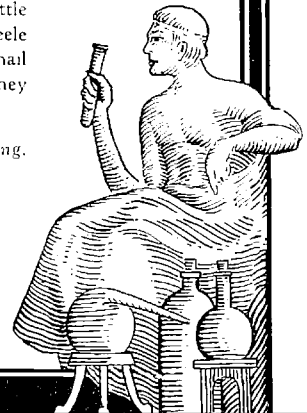
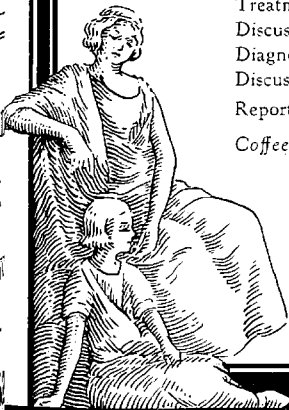
TUBERCULOSIS CONTROL

Treatment-----Dr. John R. Nelson, Seattle
Discussion-----Dr. J. F. Steele
Diagnosis-----Dr. R. E. McPhail
Discussion-----Dr. W. B. Penney
Report of Nominating Committees

Coffee and sandwiches will be served following the meeting.

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When the commercial bodies and business interests of a city speak of the industries and different enterprises that contribute to the growth and prosperity of the community, they have in mind the factories which give employment, the stores with attractive wares which call out-of-town customers, the amusement places which have their lure, and the hotels which draw travellers by their comfortable beds, good meals and service. In their summation the influence of medical practice is generally ignored because few realize the economic value of good medical practice to the community.

One is apt to think of the doctor in his office as but one individual, who of course exerts his little influence in the life of the people. The modern physician, however, gives employment not only to his office staff and nurses but to numerous technicians. In the average doctor's office our finds from one to four or five physicians who support their wives and children and each give employment to one or more housemaids. There are also employed bookkeepers, stenographers, nurses and technicians. Thus one medical office may be the sole support of from five or six to fifteen or twenty or more individuals. In addition, the physicians pay out a large amount each month for rent, laundry service, automobiles, and in buying office supplies. In the aggregate, this amounts to a considerable sum.

While the bulk of a physician's income is received from the people living in his own city, a considerable portion is derived from the country and the small towns and villages but a few miles distant. Good medical practice attracts patients from other cities in more distant parts of the state and from the adjacent states and Alaska.

In the different hospitals one sees many patients from all parts of the state and some from great distances. Their stay in the hospital varies from weeks to months. When these patients come to consult the doctor of their choice or to get the benefit of hospital service, they are nearly always accompanied

by other members of the family who must buy meals and have a place to sleep and who also spend money by shopping in the stores and in patronizing places of amusement. During the course of a year, this revenue which is brought to the city as a direct result of good medical practice makes a total of many thousands of dollars.

In our own vicinity there are eight large hospitals whose existence would be impossible without the support of scientific medicine. Their rooms and wards are filled with patients whose care necessitates the employment of scores of nurses, office workers, waiters, cooks, laborers and others.

The monies distributed by the pay rolls each month, together with the expenditures for feeding the patients and employees and for the maintenance of these institutions could support a small city. This can be added to the economic value of the doctor to his city.

Few people realize the effect that the doctor's charity exerts upon their own pocket-book. They expect him to give his services to the worthy poor, as he has always cheerfully done. They are glad to accept his free assistance in their clinics, health centers and pet philanthropies. They are accustomed to see him give his services to the city or county without remuneration. But they do not understand that if the doctor ceased to give these services, they themselves would be required to give them. The poor must be cared for. The work must be done. Some one must

pay the cost. Under our present system this cost is borne by the medical profession. Under any different arrangement the cost would come in additional taxes.

With the advent of group insurance, state medicine or whatever plan may be proposed to reduce or equalize the so-called high costs of medical care, the present system of medical practice will be greatly altered. The group or panel system will serve to keep each family at home under the care of his officially designated medical attendant. The doctor himself, with a lessened income and more arduous duties, will not be able to offer that good medical care which will attract patients from afar. The number of people his office is able to support will be much less, and his expenditures for his living and his office curtailed.

Instead of being an important factor in the economic life of his community, and being able to contribute to its growth and advancement, he will become a mere cog in the wheels of a political machine. All this will have the same economic effect upon the rest of the people as does the curtailment of production in any industry—a marked decrease in the contribution of the physician to the common wealth and a corresponding increase in taxation.

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What the Reviewers Say of Some Recently Accessioned Books

TREATMENT IN GENERAL PRACTICE. By Harry Beckman, M. D. Second ed.

In a work on medical treatment it is essential above all else that the author possess a critical, dispassionate and discriminating mind, sound judgment and ripe experience in order to separate the wheat from the chaff. Beckman has all these characteristics in full measure.

He displays his conservative attitude in discussing the so-called nonsurgical drainage of Lyon in gallbladder disease. It has been demonstrated by many that magnesium sulphate, given by duodenal tube in this treatment, acts just as well when given by the mouth. Also, even conceding a greater flow of bile from a patent bile system induced by the Lyon method and its removal in part from the duodenum, it is not clear how this will benefit the cholecystitis patient.

There is an admirable review of the treatment of hiccup. The value of carbon dioxide is mentioned but not the desired concentration. For symptomatic relief nothing has been so effective as inhalation of oxygen and carbon dioxide, the latter in fifteen to twenty per cent admixture, in our experience. This is given for five to ten minutes at intervals as required. The author suggests the method of rebreathing into a paper bag which is an excellent, cheap, extemporaneous substitute.

This book is undoubtedly the most valuable work of its kind we have at our command at present.

THE COLON, RECTUM AND ANUS. By Fred W. Rankin, B. A., M. A., M. D., F. A. C. S., J. Arnold Borgen, B. L., M. D., M. L. in Medicine, F. A. C. P., and Louis A. Buie, B. A., M. D., F. A. C. S.

This work is a distinct and valuable addition to modern medical literature. The chap-

ters on megacolon, ulcerative colitis and tumors of the colon contain much of the valuable original investigation done at The Mayo Clinic during the last ten years. All information of scientific value from other sources is included, but the deadwood of several decades ago is simply ignored, so that the reader finds an unusual simplicity in what is really quite a comprehensive treatise on these questions.

In the chapters on diseases of the rectum by Buie we find plain exposition of the methods of diagnosis and treatment as used in the Mayo proctologic department. Regardless of whether the surgeon does or does not wish to adopt all the methods of treatment as used in this department, they are distinctly valuable and contain considerable original and scientific information. This work is the most valuable single treatise on diseases of the colon, rectum and anus now in print.

MODERN CLINICAL SYPHILOLOGY. By John H. Stokes, M. D. Second ed.

This edition contains 1400 pages as against 1144 of the first. It represents 75,000 case studies by eleven authors thoroughly studying the same, judging from the amount of information given.

Most noticeable changes from the first edition are in treatment methods, particularly for nerve lues. The newer drugs, such as tryptarsamid, acetarsone and bismuth are given in much greater detail. Rat bite fever as a substitute for malaria is given in six not exactly complimentary lines.

If a person is looking for a ready reference compend, giving merely the high lights regarding syphilis, do not consult this volume. If the last word in all the worth-while material regarding syphilis is wanted and if one has plenty of time to find the meat within a maze of abundant information, he should refer to this work, for it seems that everything now known regarding syphilis is here described.

PRACTICAL HEMATOLOGICAL DIAGNOSIS. By O. H. Perry Pepper, M. D., and David L. Farley, M. D.

The authors present the practical aspects of hematology in concise and simple terms. They point out that much of the information in clinical hematology is not readily available to the practitioner of medicine because of a confusion of terms and methods.

The book is divided into three parts. The first part deals with components of the blood that are of hematologic interest. Chapters on the erythrocyte, hemoglobin, white blood cells and blood platelets are practical and instructive.

The chapter on blood coagulation is well presented. The theoretical aspect is concisely reviewed and several methods are given for the practical determination of the clotting time. Blood grouping and the hematologic aspects of blood transfusion is a well written chapter.

The second part of the book deals with the diagnosis of disorders of the hematopoietic system and the hematologic observations. The hematology of the anemias comprises the most recent studies and data available. The leukemias and leukenoid conditions are discussed with adequate completeness.

Part II is concluded by an interesting and instructive chapter on effects of irradiation, splenectomy and certain chemicals on the normal and pathologic blood picture.

Part III deals with hematologic conditions of diseases not primarily of the blood. In this section the authors list alphabetically diseases that have an effect on the blood-forming organs and discuss the changes reflected in the blood picture.

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NOTICE

Notice is hereby given that at the regular meeting of the Pierce County Medical Society on April 9 two Nominating Committees will be elected, whose duty it will be to select nominees for officers, trustees and delegates for 1935-6 and report their tickets at the regular meeting of April 23.

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The Second Thursday of Each Month Is Regular Auxiliary Day

The Auxiliary held its spring tea March 14 at the beautiful home of Mrs. W. W. Mattson. The guests were received by Mrs. Mattson assisted by Mrs. D. H. Bell, Mrs. W. W. Pascoe and Mrs. H. J. Whitacre. Presiding at the handsomely appointed tea table were Mrs. C. D. Hunter, Mrs. A. M. Flynn, Mrs. A. C. Stewart and Mrs. Scott Jones. Mrs. W. A. Monroe gave several groups of appropriate songs, accompanied by Mrs. Charles Mason. The tea was in charge of the Hospitality Committee, with Mrs. E. D. Warren chairman.

The February meeting was arranged by the Hygeia Committee, Mrs. J. Arnason Johnson, chairman.

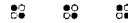
The April meeting of the Auxiliary will be held at the U. S. Indian Hospital April 11 at 2 P. M. Dr. John N. Alley, in charge of the hospital, will tell of the work done there. The ladies of the staff are planning a social hour after the meeting. It is hoped that there will be a large attendance of members. Transportation will be provided. Please telephone Mrs. D. H. Bell, Main 7328.

In honor of Mrs. Nathan Thompson of Everett, President of the Auxiliary to the Washington State Medical Association, the King County Auxiliary members entertained with a tea on March 11, following the business meeting in the Medical-Dental Building auditorium. Sharing honors were Mrs. Albert

Duryee and Mrs. C. B. Jones, of Everett, Mrs. Edwin L. Carlsen, Mrs. Horace J. Whitacre and Mrs. D. H. Bell, of Tacoma. Mrs. Bell and Mrs. Jones presided at the tea table.

Mrs. Thompson, Mrs. Duryee, Mrs. Jones, Mrs. Carlsen, Mrs. Whitacre and Mrs. Bell were honor guests at a luncheon preceding the business meeting, for which Mrs. Carlton E. Hagyard and Mrs. David C. Hall were hostesses at the College Club.

At the request of Mrs. Thompson, the Pierce County Auxiliary is sponsoring an essay contest in the high schools of the county on the subject "Contributions to Scientific Medicine in the Last Century." The Public Relations Committee, Mrs. John Steele, chairman, is in charge of the contest.



WHY AN AUXILIARY?

The question "Why an Auxiliary?" is not infrequently asked. The question "Why a wife?" constitutes as good an answer as any.

Medical organization went on for nearly a century in a state of single blessedness. Like an old bachelor, it never seemed to realize that it was doing many odd jobs which could be done by a helpmate and that its standing in the community was being sorely neglected. Then one spring morning some ten years ago came a comely lady, who announced herself as Mrs. Auxiliary, rolled up her sleeves, nudged Dr. Medicine in the side and said, "I'm going to pitch in and help get your house in order and I'm going to be your partner."

The old fellow, unaccustomed to team work, grumbled and still sputters at times, but down in his heart he realizes how efficient she has been. During the years she has grown and developed into a buxom housewife, on whom he has learned to depend more and more. She has been helpful in more ways than he realizes and she can do more and more for him as time goes on and he learns more to rely on her. Her main job is to improve his standing in the community. He has been a hermit and has covered up his sterling qualities and his good deeds, and she can do much in bringing about a better appreciation of his work and of his worth.

—Wisconsin Medical Journal.

THE MORE COMMON CAUSES OF DEATH IN TACOMA IN 1934

By S. M. CRESWELL, M. D.

The total number of deaths in the City of Tacoma for 1934 numbered 1,540, giving a crude death rate of 13.8. This is an increase over 1933 of 79 deaths and an increase in the rate of .5 percent. The crude death rate is based upon the total number of deaths per thousand population exclusive of stillbirths. The population of the City of Tacoma is being based on the figure of 107,000.

1. Heart disease caused the greatest number of deaths with a total of 385, with 346 in 1933. Two hundred twenty deaths resulted from chronic myocarditis and the next most common heart disease was coronary disfunction.

2. Cancer of all forms caused 162 deaths, with cancer of the digestive tract with 67, ranking first in the sub-division. Cancer of the uterus was second with 18, cancer of the breast was third with 16, and cancer of the genitourinary organs was fourth with 15. The total cancer rate in Tacoma showed an increase of three deaths over that of 1933.

3. Cerebral accidents rank third, with a total of 154 deaths, cerebral hemorrhage causing 127, cerebral embolism and thrombosis the remaining 27. This disease has essentially the same rate as last year, there being only one more death in 1934 than in 1933.

4. The next most common cause of death in Tacoma was produced from pneumonia, 79 from bronchopneumonia and 32 from lobar pneumonia with 4 unspecified. This compares with 98 cases for 1933, being an increase of 17 cases for 1934.

5. Accidents rank fifth with 105 compared with 107 for 1933. This rate is essentially the same.

6. There were only 27 deaths reported in 1934 for all causes of tuberculosis. This is not an accurate figure on the tuberculosis rate in Tacoma because 30 citizens of Tacoma died in the Mt. View Sanatorium, which deaths were not credited against the City of Tacoma. This would make a total of 57 deaths for Tacoma residents. There were 37 deaths reported in Tacoma for 1933 from tuberculosis and there were approximately 30 deaths occurring at the Mt. View Sanatorium in that year, making a reduction in the number of tuberculosis deaths in this city of 9. Tuberculosis of the respiratory system leads with 21.

7. Diseases of the kidney for 1934 produced 39 deaths with chronic nephritis leading with 30. This compares with 54 for 1933.

8. There were 35 suicides in 1934, 15 of the suicides resulting from poisonous gas. This compares with 38 for 1933 but only 9 in that year used poisonous gas.

9. There were 25 deaths resulting from appendicitis, 17 males and 8 females in 1934, as compared with 19 deaths in 1933, 14 males and 5 females.

10. Diseases of the blood and blood making organs is next with 21. This compares with 24 for 1933.

❖ ❖ ❖

Tacoma Death Rate—1540 deaths—1934, 13.8 per 1000 population; 1933, 13.3; 1924, 10.7.

Tacoma Birth Rate—1845 births, 62 stillbirths—1783—1934, 16.8 per 1000 population; 1933, 16.1; 1924, 20.8.

Tacoma Infant Mortality—83 deaths—1934, 46.5 under 1 year per 1000 live births; 1933, 34.7; 1924, 56.0.

Tacoma Stillbirth Rate—Highest in history of city, 62—1934, 33.6 based on number of stillbirths per 1000 deliveries; 1933, 17.0; 1924, 27.0.

❖ ❖ ❖

American Medical Golfers Play In Atlantic City, Monday, June 10th

The American Medical Golfing Association will hold its twenty-first annual tournament at the Northfield Country Club in Atlantic City on Monday, June 10, 1935. Thirty-six holes of golf will be played in competition for the seventy trophies and prizes in the nine events.

Dr. Charles Lukens of Toledo is president and Dr. C. H. Henninger of Pittsburg and Dr. John B. Morgan of Cleveland are vice-presidents of the American Medical Golfing Association, which was organized in 1915, and now totals 1,100 members, representing every state in the union.

The Northfield Country Club of Atlantic City is described as "certainly one of the most interesting courses in this district. Many championships have been held at Northfield, and visiting doctors will be delighted with it in every sense of the word. It has a beautiful club house with every facility ready for the pleasure of the guest."

All male Fellows of the American Medical Association are eligible and cordially invited to become members of the A. M. G. A. Write the Executive Secretary, Bill Burns, 4421

Woodward Avenue, Detroit, for an application blank. Participants in the A. M. G. A. tournament are required to furnish their home club handicap, signed by the secretary. No handicap over 25 is allowed, except in the Kickers' (Blind Bogey). Only active members of the A. M. G. A. may compete for prizes. No trophy is awarded a Fellow who is absent from the annual dinner.

The twenty-first tournament of the American Medical Golfing Association promises to be a happy affair. The officers anticipate some two hundred medical golfers from all parts of the United States and Canada will attend.

• • •

TACOMA SURGICAL CLUB

The meeting of the Tacoma Surgical Club which was held on March 30 was one of the most successful in its history, with about two hundred men from Vancouver, B. C., Portland, Seattle and other neighboring places in attendance. The subject studied this year was gynecological and obstetrical pathology, with Dr. O. H. Schwarz, of St. Louis, as guest speaker.

NEWS ITEMS

Drs. E. W. Janes, W. B. Penney, J. R. Turner, F. R. Maddison and T. H. Duerfeldt attended the meeting of the North Pacific Internists' Society at Vancouver, B. C., on March 23.

Dr. and Mrs. W. H. Ludwig have been receiving congratulations on the birth of a little son, William Henry Ludwig, Jr., on March 2.

Dr. and Mrs. A. G. Nace are spending several weeks in California and Mexico.

Dr. T. H. Duerfeldt spoke on "Allergy" at the March 20 meeting of the Enumclaw Kiwanis Club.

Drs. Christen Quevli, Jr., G. G. R. Kunz and W. B. Penney attended the University of Oregon Alumni Medical Clinics in Portland on March 4, 5 and 6.

Dr. W. A. Moore has been absent from his office for some time on account of illness.

A large representation from Tacoma attended the meeting of the Puget Sound Surgical Club in Seattle on March 23.

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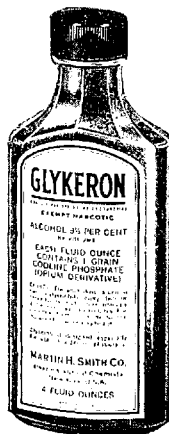
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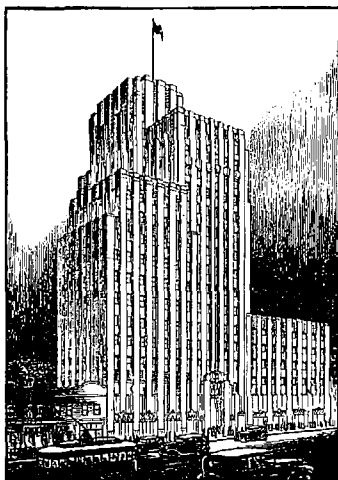
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studies *in vitro* showing that the starch of Pablum prepared with cold water is more rapidly digested than that of oatmeal, farina, cornmeal, or whole wheat cooked 4 hours.*



140 X, STAINED



290 X, STAINED

Large photomicrograph: Pablum mixed with cold water—portion of large flake. Pablum flakes are honeycombed with "pores" (note light areas A) which allow ready absorption of digestive fluids. *Inset:* Farina cooked 1/2 hour—clump of cereal including starch granules. Note density of clump and lack of porosity. Many starch granules, such as are present in raw cereal, remain unchanged in form.

FIFTEEN cereals (both cooked and uncooked) studied microscopically were revealed as containing many starch granules, most of them massed into dense clumps. Such unruptured clumps were never observed in hundreds of examinations of Pablum. Each tiny flake is filled with holes, and like a sponge it drinks up liquids. Hence Pablum can be entirely saturated by the digestive secretions. Besides being thoroughly cooked and readily digestible, Pablum supplies essential vitamins and minerals, especially vitamins A, B, E, and G, and calcium, phosphorus, iron and copper. It is a palatable cereal consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, and salt.

*Ross and Burrill, *Journal of Pediatrics*, May 1934. Reprint sent on request of physicians.

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damental principle that "Babies supervised by physicians are better babies." We continue to be voluntarily committed to the same side of this important medical economic question—as you.

• • •

TACOMA GENERAL HOSPITAL

Miss Ruth Carlson is now back on duty as Operating Room Supervisor after her post-graduate course in surgery at Oakland, California. Miss Sylvia Chapman, anesthetist, is away on leave of absence taking additional post-graduate work in anesthesia in Chicago.

Miss Ellingson has replaced Miss Morgan as assistant in the Operating Room and Miss Koski has joined the anesthesia staff.

Two supervisors are vacationing this month—Miss Blakestad having just returned from her home in Iowa, where she was called by the illness of her mother, and Miss Leutscher at present in Wisconsin visiting her parents.

The attendance has been very fine at the Tuesday morning Tumor Clinics and at the Thursday morning Medical Clinics, indicative of the fine programs given. At the time the Bulletin goes to press, we are anticipating the

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monthly Clinical Pathological Conference to be held April 2nd. Dr. Terry is going to present a detailed account of a very interesting case of widespread malignancy causing death of the patient by an hemorrhage into the stomach.

April 6, 1935, the Washington Hospital Conference is holding a meeting at King County Hospital, Seattle. The program promises to be of great interest and members of the Pierce County Medical Society are invited to attend. Included in the program are the following: "The American College of Hospital Administrators"—Mr. C. J. Cummings. "Public Relations"—Mr. J. T. S. Lyle. "Council of Tax Supported Hospitals"—Dr. B. A. Brown. "Report of the Legislative Committee"—Miss Helen Wilcox and Mr. J. R. Schneider. There will also be round table discussions on such topics as "Recent Developments in Group Hospitalization", "Autopsies, How they are made of actual value", and "Opposition of Undertakers".

TONIC STIMULANT

Eva: "Did you enjoy your ride last evening with that young doctor?"

Elsie: "Indeed I did. He has the most charming roadside manner."—*Boston Transcript*.

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TACOMA INTERNISTS' SOCIETY

The next meeting of the Tacoma Internists' Society will be held on April 16 at the Walker Hotel at 6 P. M. The following program will be given:

Gonads, Physiology and Clinical Significance of Disorders, with Methods of Treatment-----Dr. J. F. Griggs, Jr.
Review of Recent Literature on Heart Disease-----Dr. A. H. Buis
Case reports-----Dr. L. A. Hopkins

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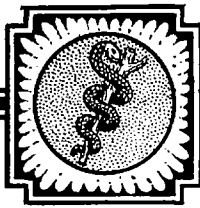
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V

MAY, 1935

No. 5

PROGRAMS

WESTERN STATE HOSPITAL

MAY 14, 8:00 P. M.

Election of Officers

Vote on change in by-laws

A program has been arranged by Superintendent W. N. Keller and medical staff, covering certain features in connection with the prevalence and significance of mental disease, modern hospitalization, arteriosclerotic disorders, juvenile paresis and malaria treatment.

The ladies are invited. Special entertainment. Buffet supper.

• • •

TACOMA COUNTRY & GOLF CLUB

MAY 28, 6:30 P. M.

Annual Banquet

Installation of Officers

GOOD DINNER

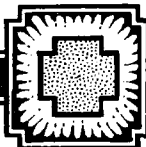
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ING HUMANITY



THROUGH SCIENCE

Pierce County Medical Society

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According to custom the Pierce County Medical Society will close its series of stated meetings the coming month and will hold no regular sessions during the Summer. As Nature turns from the cold and dark days of Winter, thru the freshness of bloom of Spring, into the bright sunny days of Summer, so man with the change of seasons leaves behind those more solemn thoughts and weighty problems, to indulge in a period of renewed hope and aspiration and a more thorough appreciation and enjoyment of the life that surrounds him.

The past has seen many dark days. Our country has fought a war for every decade of its history. Panics and resulting depressions have occurred with painful regularity at still lesser intervals. All advance has been intermingled with doubt and fear and every change in the prevailing customs of life has been made in the face of dire prophecies of disaster. In early colonial days the movement to shorten the hours of labor from twelve or fourteen hours was as bitterly assailed as was the adoption of the eight-hour-day some twenty years ago.

With the invention of the labor-saving machinery in the past century, the prediction was constantly made that the means of livelihood had been taken away from the mass of the people. The business of the stage coach and teaming was taken over by the canals and waterways. The railroads in turn destroyed the business of the interstate steamboats, while today the auto has impaired the earnings of the railroads.

All attempts of the State or Federal governments to regulate or control commerce have been bitterly contested, and the enactment of laws of this nature accompanied by warnings of economic disaster as the result. This was true of the first banking law, of the first municipal water works and electric plant, of the pure food law, the anti-trust legislation, the direct vote for senators, woman's suffrage, the income tax, the creation of the Federal Reserve Board and in fact all legislation that attempted to alter the customary way of doing

things. All of the foregoing measures have been adapted into our lives and are accepted today as the proper procedures.

In spite of all legislation, good and bad, in spite of the numerous financial panics, in the face of industrial strife and a series of wars culminating in the greatest slaughter known in history, the people of our country have risen to the highest point of prosperity the world has ever seen. Even today with the blight of a five-year depression still with us, the average person in our country, even those out of work or on relief, are far better off than any corresponding people in other lands.

We well know the dark Winter of our discontent. We know too well the troubled economic condition of the whole world. We are well aware of the number of people who are out of work and of those who are on relief. We are conscious of the criticism of the medical profession, and of the proposed measures which would impair or destroy its usefulness. We all know these things only too well, for they form altogether too much of the subjects of our daily conversations.

But Spring has come and Summer will be here soon. There are some hundred million people who are not on relief. There are some forty or fifty millions going about their daily work who are supporting their families and contributing to others not so fortunate. The sun of a great prosperity is not blazing down on the people, but the warmth of a renewed activity, of a greater sense of security and a conviction of better times is surely with us.

During the troubled times through which we have passed the doctor's income has been greatly reduced, sometimes almost to the vanishing point, but no doctor has been in real distress. None have suffered for want of a shelter for the night or for lack of enough to eat. Through it all he has carried on in his

usual way. He has done his daily work in the care of the sick and suffering. There is a recompense in work well done and the attitude of the doctor during these times has been a source of satisfaction to himself and has added to the respect in which he is held.

Most of the things which have caused the doctor the greatest anxiety have not happened. The legislature, with so many deleterious bills before it, has adjourned. None of the vicious medical legislation was adopted. The legislature will not meet again for two years.

The various methods of health insurance, compulsory or otherwise, are still in the nebulous stage. They are being studied and their claims investigated. Medicine has assisted in these studies and will participate in the future and exert its influence in the adoption of the actual program.

At present nothing has been done. Our status is unchanged. We have had a season of useful scientific meetings. The officers and members alike have done their part in trying to solve all controversial questions. Our material prosperity is better than a few years ago.

Research work and study are going on as usual, new methods of treatment and new discoveries in science are being made. Undisturbed by racial hatreds, national conflicts, economic disasters, moral delinquencies, the preachments of quacks and demagogues, and of all the upheavals incident to human life, scientific medicine goes on and on, patient and serene along the path of progress towards the light of eternal truth.

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THE BUSINESS BUREAU

A STUDY OF 504 ACCOUNTS CANCELLED BY THE BUREAU AS UNCOLLECTIBLE

The statistical staff of the Bureau has made a study of 504 accounts cancelled as uncollectible. Two hundred five of these accounts were cancelled because the debtor could not be located. The average amount of these particular accounts was \$15.00. The average age of the debtor was twenty-four years, and the average length of time since the last payment was twenty-eight months.

Twenty-four of these accounts were outlawed. The average size of account of this group was \$26.00; the average age of the debtors was twenty-seven years; and he had been contacted an average of nine times. There had been an elapsed time of forty-three months since the date of last payment on account. There were a number of accounts which were listed as both outlawed and unable to collect. The average amount of these was \$25.00, with forty-nine months elapsed time since the date of last service.

Bankruptcy accounts were only six, or approximately 3% of the accounts. Eighteen of the accounts were cancelled because the debtor had married after the services were rendered. These accounts averaged \$22.00 in amount, and were forty-eight months old at the time of cancellation. Forty-three accounts were cancelled because the debtor refused to pay and was exempt from legal process. The average age of these debtors was thirty-five years, as compared to sixty years for those listed as unable to pay. These latter were cancelled after an average elapsed time of forty months. There were seventy-nine of these cases, averaging \$31.00 per case.

It appears that the younger debtors are more mobile, move around more rapidly, and consequently are difficult to locate so that the accounts are more likely to become outlawed. The older debtors are less able to pay, require more time, and in many cases become deceased before the obligation is paid. The largest unpaid accounts on the average were owed by debtors whose credit was known to be bad, dead-beats, and persons convicted of major crimes.

Comparatively few of the accounts were cancelled because the families were on relief,

only thirty-five out of five hundred four having been listed as relief families. Accounts of employed debtors were larger than the accounts for unemployed debtors. The accounts in general have been held over the statutory limit by the Bureau before cancelling, and the average number of times in which the debtors were contacted indicates that a considerable amount of work was expended on these accounts.

The average number of dependents of these families is less than the average for the community, and does not seem to justify their failure to meet the obligations.

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FREE CREDIT SERVICE

The Business Bureau is informed that there are a number of credit and collection agencies offering a reduction in rates to doctors who use the credit service of those organizations. The Bureau desires to recommend that its members use great caution in availing themselves of these opportunities.

The private collection agencies are affiliated with the retail merchants credit associations. The information which the private collection agencies obtain from doctors goes into the files of the merchants credit associations. It is a well-known fact that merchandise accounts are paid ahead of medical bills in the vast majority of cases.

It is therefore the opinion of the Bureau that physicians and dentists who use the credit services of private collection and credit agencies are liable to defeat their own purpose by furnishing information to these agencies which will enable them to improve retail collections at the expense of professional collections. The Bureau suggests that its own services, which are more complete in every respect, should be used in place of private profit-making agencies.

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Again we sound a plaintive S. O. S. for several of our books which have been borrowed by parties unknown, who forgot to leave the cards and who have also forgotten to return the volumes. Won't you look thru your books, or ask your secretary to do it, and see if you can find the following:

Tice: Practice of Medicine, Vol. 9.

Lewis: Surgery, Vols. 7 and 8.

Scudder: Fractures.

Jackson & Coates: The Nose, Throat & Ear.

One of our most generous contributors is Dr. D. H. Bell, who has for years given all his magazines to the library after he has read them. These have been bound, and to Dr. Bell we owe a large share of our collection of bound magazines on eye, ear, nose and throat. His latest gift is 32 of the early volumes of Annals of Otology, Rhinology & Laryngology and Annals of Ophthalmology, bound in calf, which we are most happy to have, and for which we extend our sincere thanks to Dr. Bell.

One of the endeavors of your librarian has been to fill out our early files of bound magazines. We have quite complete sets of many of these, which have been obtained from generous members and in other ways, and if any of our readers have any of these older bound volumes to contribute they will be gratefully received.

With the last of our winter meetings and the coming of the vacation season there is a tendency to turn from scientific reading to something of a lighter nature. The following articles are suggested as interesting reading for an idle hour:

The square kettle, E. H. Hume; Bulletin of the Johns Hopkins Hospital 55:547, November, 1934.

Traditional beliefs encountered in the practice of pediatrics, A. E. Morgan; Canadian Medical Association Journal 31:666-669, December, 1934.

Foundation of art and science of medicine, J. H. J. Upham; Texas State Journal of Medicine 30:307-312, September, 1934.

Historical aspects in evolution of medicine, R. H. Nichols; Medical Record 140:446-448, October 17, 1934.

The doctors of Dickens, M. Wefer; Hygeia 12:998-1000, November, 1934.

Medicine in the Tatler, Spectator and Guardian, F. H. Garrison; Bulletin of Johns Hopkins Hospital 55:477-503, October, 1934.

Impressions of medical and social services in Russia, D. M. Odium; Lancet 2:1027-1029, November 3, 1934.

Idealism in the medical profession, E. G. Zimmerer; Nebraska Medical Journal 19:333-335, September, 1934.

The philosophy of Hippocrates, M. W. Brown; Medical Record 139:667-668, June 20, 1934.

Seven wonders of medical science, A. C. Ivy; California & Western Medicine 41:325-327, November, 1934.

Autobiography of a doctor's saddlebag, R. H. Garthright; Virginia Medical Monthly 61:401-402, October, 1934.

Discussion of etiology, pathology and treatment of present state of general practice, T. H. Daniel; Virginia Medical Monthly 61:195-199, July, 1934.

Back to Galen, R. M. Hutchins; Surgery, Gynecology & Obstetrics 58:420-422, February 15, 1934.

Medicine, religion and the infirmities of mankind, H. F. Dunbar; Mental Hygiene 18:15-25, January, 1934.

Modern voodooism, J. L. Maddox; Hygeia 12:153, February; 252, March, 1934.

Witchcraft and medicine, C. Deetgen; Bulletin of Johns Hopkins Hospital 54:164-175, May, 1934.

Modern philosophy of medicine, A. M. Schwitalla; Surgery, Gynecology & Obstetrics 58:535-538, February 15, 1934.

WOMAN'S AUXILIARY

to PIERCE COUNTY MEDICAL SOCIETY

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The Second Thursday of Each Month Is Regular Auxiliary Day

The Woman's Auxiliary to the Pierce County Medical Society will hold its annual meeting Thursday, May 9, at 10:30 a. m., in the Medical Arts Auditorium. All committees will report and the election of officers will be held.

Major A. L. Parsons, Medical Corps, U. S. Army, on duty at Fort Lewis, is to be the guest speaker. The subject of his address will be "What the Medical Department of the U. S. Army Offers as a Career."

Since the meeting necessarily is long, it will start promptly at 10:30 a. m.

:!: :!:

The Woman's Auxiliary to the Washington State Medical Association holds its annual meeting in Everett, August 12-14, at the same time that the State Medical Association meets. Attendance at the state meetings stimulates interest in the county auxiliaries. Will you not plan to attend the convention with your husband?

:!: :!:

The Auxiliary wishes to express its appreciation to Dr. and Mrs. John Alley and to the wives of the staff, for the gracious courtesy extended to the members at the April meeting.

The meeting was held on April 14 at the U. S. Indian Hospital, where the members were the guests of Dr. and Mrs. Alley and the wives of the staff. Dr. Alley gave an interesting and instructive talk on the care that

the United States Government gives to the Indians. He told of the work done in this hospital and explained the work of each department. Mrs. Alley arranged a delightful Indian program, which was enjoyed greatly. Staff nurses conducted the ladies on a tour of the buildings, after which tea was served in Dr. and Mrs. Alley's quarters.

:!: :!:

Mrs. E. F. Dodds, Radio Chairman, arranged a program for Child Health Day. It was given at 4:30 p. m. over KVI, Tuesday, April 30.

Mrs. Dodds is also arranging a second program for Tuesday afternoon, May 14, at 4:30, over KVI, under the auspices of the Auxiliary.

:!: :!:

The members of the Woman's Auxiliary to the King County Medical Society will entertain the members of the Pierce and Snohomish County Auxiliaries with a no-host luncheon at the Broadmoor Golf Club on June 5. The luncheon will cost seventy-five cents a plate. There will be a short program and then a garden tour. We sincerely hope that a large group will attend from Pierce County. When the Telephone Committee phones, please give a definite reply, as definite reservations must be made and paid for. If you cannot get transportation, please call Mrs. Robertson, Main 6481, and she will try and arrange it.

:!: :!:

Extract from a letter from Mrs. Robert W. Tomlinson, of the National Auxiliary:
Dear Auxiliary members:

The fact that is most impressing itself upon my mind is the many reports I am receiving about the increased interest in the value of the type of work that may be done by members of the Auxiliary. From all parts of the country I heard of enthusiasm and fine accomplishment. These reports are the best evidence that we may have of the value of cooperative work and the determination to be of the finest type of service to the world of medicine. The constant threat of state medicine, that force so inimical to the best use of the profession, is rousing the forces within ourselves to be on guard. We must all realize that generations of men whose code of ethics

prohibited them from advertising have developed an abhorrence of anything that savors of publicity. Now, however, the time has come when the fact must be recognized that no matter with what regret something must be done to offset the dangers that are besetting the freedom for individual initiative and personal choice in medical care. And so if each one of us does her bit and tries to understand and help, much of real value may be accomplished. . . . We are all volunteer workers and are doing the best we can and no one appreciates more than I the wonderful work that is being done. I am sure that when the final summation is made we will be truly thrilled with it.

... ..

Extra from a letter from Mrs. J. N. Hunsberger:

My dear Auxiliary members and friends:

A toast given recently by one of our outstanding physicians to the doctor's wife reads thus:

Who plans the meals? Who tends the phone?

Who goes to church and all alone?

Who worries most, who wins his row?

None other than the doctor's frau.

We give our O. K. to this, but we believe there is one other service: a go-between for the medical profession and the lay people. We sum up our final thought in a letter by our esteemed Mrs. Walter J. Freeman: "If the medical societies and health departments will take the time to study the opportunities for Auxiliary co-operation in their own committees and will ask the local auxiliaries for help in carrying out their special programs we feel sure that the response will be instant and gratifying. But the programs must be suited to volunteer workers and the instructions must be definite. We are not professionals, and don't pretend to qualify by professional standards."

... ..

THE CHOICE

A lady in hurry and woe

To a hospital once had to go.

"What doctor? Oh dear—

Almost anyone here,

But I do NOT want Dr. Dafoe!"

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MANY a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental breakfast" of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school.

Pablum offers a happy solution to the problem of the school-child's breakfast. Mothers who learn about Pablum from their physicians are delighted to serve it for it needs no cooking and can be prepared in a minute at the table—more quickly than many less nourishing foods. Pablum not only ends the bane of long cooking of cereals but in addition furnishes a variety of minerals (calcium, phosphorus, iron, and copper) and vitamins (A, B, G, and E) not found so abundantly in any other cereal.

PABLUM is rich in calcium and iron, minerals likely to be deficient in the school-child's diet yet needed in more than average amounts during childhood. Pablum is 6 times richer than fluid milk in calcium and contains 10 times more iron than does spinach. It also furnishes generous amounts of vitamins B and G, essential for normal appetite. Unlike other cereals, Pablum is base-forming, important because the growing child needs to store alkali. The nutritional value of Pablum is attested in studies by Crimm *et al* who found that tuberculous

children receiving supplements of Pablum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina. Reprint sent on request of physicians. Mead Johnson & Company, Evansville, Indiana, U.S.A.

Pablum (Mead's Cereal pre-cooked) is a palatable cereal enriched with vitamin- and mineral-containing foods, consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, and sodium chloride.

"TOMMY, that's the third time this week you haven't learned your lesson. Why don't you listen to me when I tell you how to work the problems?"



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NEWS ITEMS

Dr. and Mrs. Jesse W. Read are spending some time in California.

Dr. S. M. MacLean has returned from a trip to the Middle West. He visited clinics in Rochester, Minnesota, Chicago and St. Louis.

Dr. and Mrs. H. G. Willard are at home after a short trip to California.

Have you a stray book belonging to the Medical Library? See library page for a list of books A. W. O. L. and then ask your secretary to look over your books and see if one of these missing items has gotten mixed up with your own library.

Mrs. A. W. Howe entertained at dinner on April 29 in honor of Dr. Howe's birthday. Dinner was followed by contract, a score of friends sharing in the pleasure of the evening.

At the annual team match of the medical and dental professions the doctors turned in a 32 to 21 victory over the dentists. The following members of the Pierce County Medical Society participated: Drs. Gullikson, Creswell, Monroe, Carlsen, Leaverton, Mace, Neal, Bohn, Yoder, W. B. McNerthney, Hunt, Mitchell, Schaeffer, J. F. Steele, W. D. Read,

Ludwig, MacRae, W. G. Cameron, Heaton, Hillis, Walker, Kohl, Harrington, Penney, McPhail, Crowe, Murphy, Janes and Lundvick.

It is said that the average American family pays the doctor \$75.00 a year. This will be real news to the doctor.

..!:. ..!:

OBITUARY

Dr. John W. Snoke, formerly a member of the Pierce County Medical Society, died at his home, 2255 Waverly Street, Palo Alto, on April 12, following a stroke of apoplexy which occurred on April 9.

Dr. Snoke was born in 1878 and graduated from Cooper Medical College, San Francisco in 1905. He served as assistant superintendent of the Western State Hospital, leaving that position in 1910 and establishing the Puget Sound Sanatorium at Puyallup, where he remained until 1926, also maintaining an office in Tacoma. Dr. Snoke retired from active practice in 1926 on account of ill health, establishing a home in Palo Alto. He is survived by his wife, Mrs. Helene Snoke, a son, Dr. Albert Snoke, of San Francisco, and by a daughter, Barbara, a student at Stanford.

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TACOMA GENERAL HOSPITAL

Graduation time is again approaching and the class of 1935, twenty-seven in all, will graduate from the Tacoma General Hospital School of Nursing on May 15th. The exercises will be held in the Jason Lee School Auditorium. Members of the Pierce County Medical Society and their wives are cordially invited to attend.

Miss Elsa Koski has been appointed chief anesthetist. Miss Koski is a graduate of the Augustana Hospital, Chicago, and University of Michigan School of Anesthesia at Ann Arbor.

Miss Beryl Leutscher is again back on duty as Supervisor of the Obstetrical Department after her vacation in Wisconsin.

Miss Saimi Maki has resigned from the Anesthesia staff and has accepted a new position at the County Hospital.

We feel the the Tumor Clinic has served an unusually useful purpose during the past year. It has proven instructive, interesting and of invaluable aid in establishing diagnosis in many questionable cases, and in determining treatment. The Staff has responded very well—the attendance has been good. We had

considered discontinuing the Clinic on June 1st but have decided to continue through the summer. We are grateful for the co-operation we have received and we hope that we can steadily improve and increase the value of the Clinic in the future.

The Thursday Morning Medical Clinic, sponsored by the Tacoma Internist's Society, has also had very good attendance during the year. It has been decided to discontinue these clinics during the summer months, beginning May 30. We greatly appreciate the splendid programs prepared by the Tacoma Internist's Society and the support that has been given the Clinic, and hope that this will continue when the Clinics are resumed in the fall.

The Tacoma General Hospital wishes each and every doctor a pleasant and profitable summer!

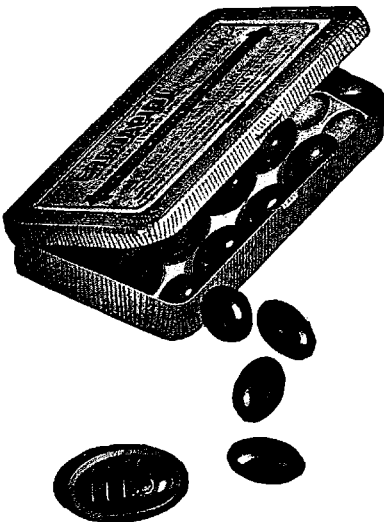
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TACOMA INTERNISTS' SOCIETY

Tuesday, May 21, 1935

6:00 p. m. Walker Apartments
Adrenal, Physiology, Pathology and
Treatment.....Dr. J. W. Gullikson
Review of Recent Literature on Kidney
Diseases.....Dr. John Steele
Case Reports.....Dr. L. A. Hopkins

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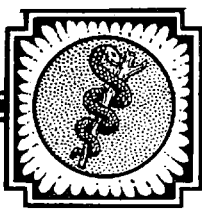
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. IV. V

SEPTEMBER, 1935

No. 6

PROGRAMS

MEDICAL ARTS BUILDING AUDITORIUM

SEPTEMBER 10, 8 P. M.

What the Ophthalmologist Expects of the General Practitioner -----Dr. Walter Cameron.
What the General Practitioner Expects of the Specialist-----
Dr. Hillis F. Griffin
Discussion opened by Drs. D. H. Bell and A. B. Heaton
Perineal Prostatectomy-----Dr. A. Elmer Belt. Los Angeles
A moving picture in technicolor, presented as an example of the possibilities of color photography in surgery.

SEPTEMBER 24

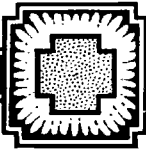
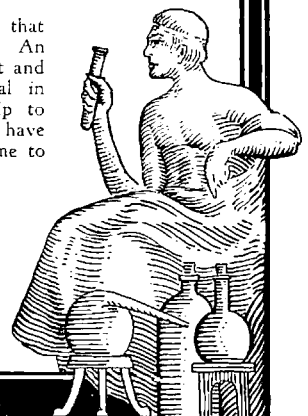
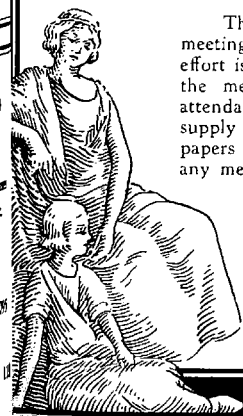
Ureteral Calculi-----Dr. H. S. Argue
Lumbar Ureterectomy for Stone-----Dr. F. E. B. Foley.
St. Paul Minn.

A moving picture
Horse-shoe Kidney. A case report-----Dr. C. F. Engels
Operative Division of the Horse-shoe Kidney--Dr. F. E. B. Foley
A moving picture

The President and the Program Committee announce that meetings this year will be started at eight o'clock sharp. An effort is being made to give presentations of general interest and the members are asked to co-operate by being punctual in attendance. Inasmuch as we depend on the membership to supply the bulk of our programs, we ask that those who have papers or case reports to submit voluntarily report the same to any member of the Program Committee.

Auditorium Telephone B Roadway 3166

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NG HUMANITY

THROUGH SCIENCE

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EDITORIAL

Today, as never before in the history of mankind, there is more thought being given to the problems of the under-privileged. Millions of unemployed, who face starvation without public relief, have opened the eyes of society and caused it to look into our present economic structure to see what can be done to correct the present distressful situation and to prevent its recurrence.

Everyone from the man on the street to the highest in wealth, power or intelligence is concerned with the answer to these questions.

As a consequence, we have a multiplicity of procedures recommended to correct those things which are supposed to be wrong under our present system. Some are advanced by those who are willing to study carefully how to be of benefit, to be sure of their ground and not too eager to put their plans into immediate execution. Some are advanced by demagogues for their own personal advantage while others are offered by sincerely good men and women, who wish to benefit society. As is usual, much of the thinking is superficial and the conclusions are unsound.

Each year the colleges are sending out bright, energetic young social workers, who have studied government and morals and economics, and are filled with the enthusiasm of youth and a sincere desire to be of help. They look out on the world and see the inequalities of life and the many wrongs and injustices suffered by the poor, and become resolved to do what they can to correct those abuses. In accord with human behavior, the impulse is haste. The evil exists. It must be corrected at once, so a remedy is quickly found. The customs and systems of society must be changed. New laws and new regulations must take the place of the old. Lacking sufficient experience with life, and not enough real knowledge of human behavior, they fail to see that many things they call wrong are not so when properly studied and that the new laws and regulations may cause worse conditions than those existing today.

Superficial thinking, without a proper knowledge of the facts, but with an urge for instant action without allowing for the natural healing of time, constitutes a real danger. Such thoughts and impulses activating a thoroughly good man, who knows that good is on his side, constitute one of the most potential conditions for disaster that one can imagine.

In the daily life of the people it is not alone the poverty stricken or unemployed, or the restless unsatisfied worker, or the one of slender means, envious of the rich; it is not these alone who are dissatisfied. The so-called intellectuals who live soft lives, the reformers who are protected in cloistered halls, men of wealth who have tired of money making and blase sons and daughters of the rich are preaching discontent to the people.

Revolutions and upheavals of society in the past did not come alone by an uprising of the poor and oppressed. The seeds of envy and malice and discontent and revolution have been sowed by well meaning ones from

the higher walks of life. They sowed the wind but they reaped the whirlwind.

The French revolution was aided and abetted by many of the nobles and great families. Lafayette and Mirabeau were of the nobility and Danton came from the higher classes. They instigated the revolution. Robespierre finished their work.

Grand Duke Alexander says the Russian revolution was possible only by the active aid and assistance of the wealthy merchants and some nobles of the Russian court. He tersely states that they said "We will take off our nice fur overcoats and have a revolution." They did so, but when they returned some one had stolen the overcoats and burned their houses.

In medicine we find much the same condition of thought. Where does the discontent with the practice of medicine arise? Not from the ranks of the very poor. They are well taken care of in the many hospitals and county institutions all over the country. The doctor has always given his services free of charge to the worthy poor who consult him. Workingmen's compensation laws in all states, besides numerous industrial and aid societies, provide medical care for almost all workers. For those not taken care of in this way the doctor is always ready to render his services at a fee the patient can afford. For the more fortunate, who receive good wages, which allow them a good living and some of the luxuries of life, there is a doctor with a fee proportionate to his income. These people are all satisfied with their doctor and the most of them are able to pay all of their bills, medical as well as others. In a recent survey in Pierce County each person was asked if he was satisfied with his doctor. The answer was almost unanimously in the affirmative.

The political and economic questions have a direct effect upon medical practice. In the effort to protect and rehabilitate mankind, health is one of the first things thought about. To the superficial thinker health immediately suggests disease and the relations between doctor and patient. Hence the well-meaning sociologist or reformer states as the first point of his program that everyone is entitled to the best medical service. They forget that the best service on a health program one can render another is to prevent him from getting sick. If this is so the first thought should be for proper housing. Everyone should have a good, comfortable home which shall be cool in summer and warm in winter. Everyone should be well clothed and well shod to pro-

tect against exposure to the elements. Everyone should have plenty of food, such as sugar, eggs, milk, meats and fresh vegetables and fruit juices to keep the body well nourished. Everyone should have fresh air and sunshine and should spend a certain part of the day in open air exercise.

Such a program carried out on a universal scale would do more to prevent and cure disease than all the doctors in the country. The rich and prosperous philanthropists do not think along those lines. Possibly one has made his fortune selling milk or other food supplies. Another perhaps has gotten rich renting rooms in apartments where the air is poor and the plumbing faulty. Maybe another has conducted a large merchandising establishment where young girls and boys stand on their feet all day and spend their spare time cooking or doing laundry work in small fourth-story back bed rooms. No matter what the motive; no matter how much business, environment and personal relations influence their thoughts, their conclusions concerning medicine are formulated without a proper knowledge and understanding.

This is no time for the doctor to sit idly by and let so-called reformers or politicians disturb his present personal relation with his patients.

He should be fully informed of those measures which are detrimental to the profession and ready to combat any propaganda. Already there is criticism of the doctors receiving pay for W.E.R.A. work. It is being said that very large sums are being wasted in this way. All doctors should be familiar with how this work is being conducted and with the amount of money expended, and be prepared to show unjust critics that, by doing this work for a very small fee, the doctor is taking part of the tax burden from their shoulders.

The doctor should be prepared to show that socialization of medicine will be of no real benefit to society. By advocating this change they are sowing the seed whose fruition will be general socialization of all.

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THE BUSINESS BUREAU

THE RESULTS OF CO-OPERATION

For three years this page has each month made a plea to the membership of the Medical and Dental Professions. The plea has always been for co-operation. Co-operation takes many forms, but in the end the essential thing about it always is that individuals working together accomplish more than working separately. The last three years have been difficult, but not too difficult for co-operative effort.

The unpaid medical and dental bills three years ago had reached a total of more than two million dollars. Little was known about these bills, and little effort was made to secure any settlement of them. Today, through co-operation, names and credit records of more than ninety thousand persons are available at any hour. Abuses have been reduced, habitual offenders have been detected. Department stores, drug stores, grocery stores, and the business establishments of the city now recognize that a man must meet his medical obligations before he becomes a good risk for further credit.

Research done in the last two years has made a name throughout the United States. Emergency relief, welfare and other state and federal departments are urgently requesting the assistance of this organization, and are

willing to co-operate in order to secure it.

The County Hospital has a case load of 155 bed patients and 30 out-patients, compared to 223 bed patients and 140 out-patients of a year ago.

Through co-operation these things have become possible; with continued co-operation, much more can be done. Numerous as are the handicaps under which the Bureau suffers, not one of them but can be removed through co-operation of members.



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BLANCHE L. DEWITT, LIBRARIAN

And now comes September, and with it the time when many of you will be writing papers for coming meetings. Already the library has been asked for material for this purpose, and your attention is again called to the service which it can render you in this regard. Our resources have increased from year to year and the occasions when we can not supply sufficient and more than sufficient material are exceedingly rare.

However, writing a paper is more than merely furnishing facts. It may be full of valuable information but may fail to hold the audience while another, no more informative, may be interesting and impressive because it is well worked out and well delivered. As one writer puts it, "If you see your audience yawning behind their hands or whispering together you may be sure that the room is too hot, or that your paper is not so hot."

Your library can offer a number of articles dealing with the technic of writing a medical paper. Highlights of some of these articles are given below, in the hope that they may be of use.

The opening paragraph is important, for if a speaker can gain the interest and attention of his hearers with his first words half the battle is won. Don't begin by apologizing to your audience. If your paper is carelessly prepared they will find it out for themselves.

As a preliminary to presenting his own conclusions it is well for a speaker to consult the literature. An effective beginning for a speech is a paragraph giving a brief summary of the historical background, followed by a resume of the observations and opinions of others. If a paper is to be published it should, of course, have a bibliography indicating the source of information, but it is a mistake to give too much time in a speech to references to other writers. A speaker who does this tires his audience before he comes to his own material, and thereby loses his hold on them. A speaker should be sparing of quotations.

When the material is assembled an outline should be prepared, in which will be listed in logical order all the points to be discussed. All speeches are divided into three parts—the introduction, the body and the conclusion. The introduction sets forth the purpose of the

paper or the work being discussed; the body sets forth in detail the procedure followed, the facts determined and the deductions drawn from the facts; the conclusion is a resume of the work accomplished or a summary of the major ideas of the paper.

After the outline has been prepared it is a good plan to write all the pertinent facts under each division of the outline. On re-writing from the first draft, much duplication and unnecessary material will be found. Be brief, but do not sacrifice essential points. Prepare as long a paper as you like, but go over it again and again and condense it as much as possible. If your paper is so long that you have to hurry to deliver it within the time limit, you will tire your audience and they will miss the most impressive points. If your delivery is too rapid your hearers will not have time to formulate their own ideas and the opportunity for discussion will be lost. Brevity, conciseness, elimination of unnecessary details are desirable. Verbosity, prolixity and branching off into irrelevant subjects are high crimes in scientific literature.

After the paper is condensed as much as possible, still another revision for the purpose of correcting English, construction and paragraphing is desirable. Use plain, simple English and strive for simplicity and sincerity. See that your sentences flow smoothly. Avoid repetition of words.

A medical paper should be free of prejudiced opinion and unconfirmed observation. Scientific data of unquestionable worth are the only evidence upon which one may base an opinion or a conclusion. Be temperate and avoid heat in speaking of controversial subjects.

A paper should always be read aloud, at home, until the delivery is fluent. You should be so familiar with it that you can look at the audience frequently. Note whether you come within the time limit for your speech. If you exceed the limit, cut again. It can be done.

To summarize: make your paper a concise and orderly presentation of properly evaluated facts, couched in simple English, delivered with sincerity and conviction, and your audience will be with you to the end.

WOMAN'S AUXILIARY

to PIERCE COUNTY MEDICAL SOCIETY

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mittee supply many speakers during the year to various organizations, thus reaching a large audience.

The Radio Committee broadcasts worthwhile programs of real information so that with the ever increasing work of these groups this first "object" is well cared for.

While it is not a written part of our aims and purposes, it seems to me that a valuable thing to be gained by the members as a whole is our own increased knowledge of things pertaining to the medical profession.

The second "object" is to furnish entertainment at the time of the State Convention.

When this time comes the Auxiliary has committees already formed to take on whatever duties come to them more efficiently than would otherwise be the case.

The third "object", to promote friendship among our members, is naturally furthered by working together on committees and becoming better acquainted at our meetings. It is the hope of your president that this will receive its full share of growth during the year just beginning.

The fourth "object"—to do such work as the Medical Society may ask us to do, determines our aims and aspirations and is a safeguard against some of the pitfalls into which we might fall.

For this year which is starting your Executive Board has made several changes which we hope will meet with your approval and perhaps bring to our membership some who could not otherwise attend.

The meetings will all be held the second Thursday afternoon of each month from September to June, starting promptly at two o'clock, in the home of one of our members.

There will be a short business meeting; worth-while music which will carry out the theme of the speaker, who, with one exception, will be of our own membership. The subjects for the year are interesting, instructive and stimulating.

There will follow a simple, informal tea, when we hope to become better acquainted in a real and friendly way.

We hope for your co-operation in all of this as much time and thought has been given to it.

To Every Wife of a Doctor of the Pierce County Medical Society:

On September 12 the Woman's Auxiliary to this society of your husbands will hold the first meeting of the fifth year of its existence. When it first began there were many who were luke warm or failed to see any good in it. Today, with a splendid record of achievement in committee work and an increased attendance at meetings, it has justified the founders' hopes and plans in all four of its objects.

May I remind you what these "objects" are?

First—Health Education; this is being furthered by the Hygeia Committee, which is spreading scientific information through added subscriptions to the magazine and the placement of many of these in schools and institutions.

The Public Relations and Education Com-

Committees have been organized, purposely made small, as you will each be called on in some other way.

Won't you come to our first meeting and make yourself a committee of one to ask or bring one or more doctor's wives, so that we can make our first gathering an inspiration to all of us?

My hope for the year is summed up in a few words:

Efficiency in our committee work; friendliness and pleasure in our meetings; real knowledge and growth at the end of the year.

Hoping to see you September twelfth,

Sincerely,

HELEN W. PASCOE.

—:—:—:—

The Auxiliary to the Pierce County Medical Society will open its program for the new club year, Thursday, September 12, when Mrs. Joseph R. Turner, of 21 Orchard Road, will open her home for an afternoon session and a tea hour. For this occasion invitations will be extended not only to members of the Auxiliary but to wives of Pierce County medical men, who are not yet affiliated with the Auxiliary.

Mrs. Weldon W. Pascoe, president of the Auxiliary for the coming twelve months, will preside and will also present the first paper of an interesting series to be given at meetings during the year. Her topic will be "Medicine, Its Early History." Musical selections will be by the widely known and gifted harpist, Mrs. Edith Lundgren. For the tea hour, Mrs. Turner will be assisted by a group of Auxiliary members.

Distribution of the yearbook, containing the program of Auxiliary events for the year to come, was completed early in September.

OH, YEH!

A magazine is a great invention—the company gets the name, the printer gets the money, and the staff gets the blame.

If we print jokes, folks say we are silly.

If we don't they say we are too serious.

If we publish original matter, they say we lack variety.

Like as not some fellow will say we swiped this from another paper.

—And we did.

MASTITIS

IN the treatment of inflammatory lesions of the mammary glands, and in cases of caked breasts, the application of Antiphlogistine, as hot as the patient can bear, relieves the pain, and hastens resolution of the inflammatory process. At the same time the patient is soothed and comforted by the sedative warmth of the application.

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"Hurry, Jimmie, or you'll be late for school again. Mother forgot to set the alarm clock. Please don't dawdle like that. Here, take your bun and eat it on the way to school. Hurry, darling, teacher will have a fit! Please hurry!"

The milk is the best item in this child's hurried, hurried, worried breakfast, but milk alone is inadequate. The simple replacement of the bun or roll by Pabulum would, with added milk, give the child a better balanced and more nourishing meal on which to start the day right at school. Pabulum can be prepared appetizingly in a few seconds, without cooking.

THE LAST-MINUTE BREAKFAST

"Going to school on an empty stomach"

—not because his parents are poor or illiterate, but because his mother didn't allow sufficient time for an adequate, nourishing morning meal.

This scene occurs every morning in thousands of homes, and many a school child is a poor scholar because of a poor breakfast.

For little boys and girls* whose mothers don't get up early enough in the morning, or who can't figure time accurately, a good, nourishing, well-constituted, economical and *quick* morning meal is:

Orange Juice or Tomato Juice	qs
Pabulum \bar{c} milk or cream	qs
Sugar	qs
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in Halibut Liver Oil	qs
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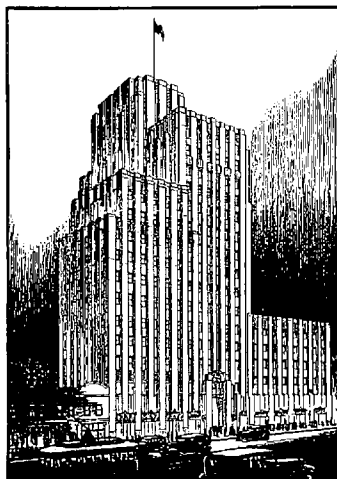
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NEWS ITEMS

The management of the Western Washington Fair has assigned to the Health Council 3000 square feet of space for a health exhibit, and plans are going forward for a very comprehensive exhibit at the fair, September 16-22. Doctors are asked to speak of this matter to their patients and to urge them to attend.

PLEASE NOTE that this year's programs will begin at 8 o'clock instead of 8:15, as heretofore.

Dr. S. M. Creswell attended the meeting of the American Public Health Association at Helena last June.

Dr. and Mrs. W. G. Cameron are enjoying a vacation at the Oregon beaches.

Dr. and Mrs. A. E. Hillis spent some time in Mexico City during the summer.

Drs. C. F. Engels and C. S. Pascoe attended the meeting of the American Urological Association in San Francisco the last week in June.

Dr. and Mrs. F. R. Maddison spent a week in Vancouver recently.

Dr. H. J. Whitacre addressed the conference of social workers of Pierce County and Southwestern Washington, held at Horsehead Bay on June 29, outlining the organization and educational program of the Health Council.

Dr. M. W. Abernethy gave a clinic at the meeting of the Oregon State Dental Association in Portland, June 7-9, at which time the association made him an honorary member.

Dr. T. H. Duerfeldt attended the meeting of the Pacific Northwest Medical Association in Spokane on June 27-29.

Among the Tacoma men at the state meeting were the following: Drs. Robertson, Willard, Hicks, C. R. McCreery, W. G. Cameron, Whitacre, Penney, MacLean, Duerfeldt, Dodds, Engels, Creswell, Dayton, Stewart, J. A. Johnson, Hopkins, Leaverton and W. D. Read.

Miss Martha Lee, R. N., who has been on the staff of the Washington Minor Hospital in Tacoma for two and one-half years as assistant superintendent, is reopening the former Puyallup Hospital in Puyallup under the name of The Puyallup General Hospital on or about the first of September this year.

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TACOMA GENERAL HOSPITAL

With the coming of fall again and with vacation time over, the usual program of meetings, etc., is again under way at Tacoma General Hospital. Tumor Clinics have been held each week during the summer and will continue every Tuesday morning at 9:30. Medical Clinics will begin Thursday, September 5, at the same time. Dr. W. B. Penney is in charge, with each member of the Internist's Society responsible for one Clinic in turn. The first Clinical Pathological Conference will be held Tuesday, October 1 at 8 o'clock, and promises to be very interesting as well as worthwhile.

Mr. C. J. Cummings, who has been a patient in the hospital for the past six weeks, is convalescing very nicely. In fact he will no doubt be back at his usual place in his office before the Bulletin is published. We are all anticipating the time when his cheery smile and greeting will be given as usual to all he meets on first floor.

The new class of preliminary students arrived September 3, and the fall semester of classwork begins the next Monday. Miss Ger-

trude Tunnard, graduate of Tacoma General, is the new instructor in the school. During the past summer Miss Anette Sutherland, Educational Director, spent part of her vacation administering the State Examinations for Nurses. She is now the senior member on the State Board of Nurse Examiners.

Miss Marianne McEachren, T. G. H. 1933, is now Supervisor on II South. She came to Tacoma General from the Northern State Hospital at Sedro-Woolley where she was the Night Supervisor.

Miss Helen MacIntyre is the new Supervisor on Medical Floor. She is a graduate of the University of Washington School of Nursing at Harborview Hospital, Seattle, and has been doing post-graduate work there.

Miss Martha Schwartz has replaced Miss Agnes Wallin as Anesthetist, the latter leaving the middle of August to be married.

The new internes at Tacoma General are hard at work and well into the routine by now, having made a very favorable impression on everyone. They are:

Dr. A. W. Riedesel of the University of Nebraska.

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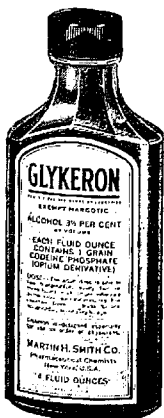
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The Nurses' Library is binding its magazines to make them of more permanent value. We need the following copies of Hygeia to complete our files:

1930—May thru August, October thru December.

1931—January, August, October.

1932—June, July, August.

Anyone having some or all of these copies and willing to dispose of them, kindly communicate with Miss Anette Sutherling at the Hospital.

THE SCHOOL CHILD'S BREAKFAST

Many a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental" breakfast of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school. A happy solution to the problem is Pablum, Mead's Cereal pre-cooked and dried. Six times richer than fluid milk in calcium, ten times higher than spinach in iron, and abun-

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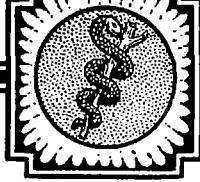
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V.

OCTOBER, 1935

No. 7

P R O G R A M S

MEDICAL ARTS BUILDING AUDITORIUM

OCTOBER 8, 8 P. M.

Modern Methods of Anesthesia, a moving picture
Spinal Anesthesia.....Dr. Burton A. Brown
Rectal Anesthesia.....Dr. Clifford W. Whitaker
Intravenous Anesthesia.....Dr. Harry G. Willard
Discussion by Drs. Thomas B. Murphy, Charles McCreery and
R. C. Schaeffer.

• • •

OCTOBER 22, 8 P. M.

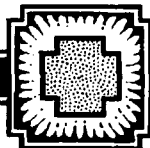
Cross Eye.....Dr. Cyril V. Lundvick
Rational Use of Present Female Endocrines.....Dr. Joseph F. Griggs
Discussion opened by Drs. William H. Ludwig and G. M. Steele.
Motion picture films in color.....Dr. S. D. Barry

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EDITORIAL

The Pierce County Medical Society has made a good start on its activities for the coming season. The September meetings have been very well attended, which augurs well for the rest of the sessions, as the first meetings usually have a scant attendance. We have elected a fine set of officers for this year and we may safely feel that they and the various committees may be relied upon to work for the best interests of all. The program commit-

tee has a prospectus of good scientific papers and motion pictures will be frequently used. Each member of the Society should give the other members the benefit of his experience in presenting case reports. Every doctor in Pierce County has just as interesting cases as those shown anywhere, and the conclusions and discussions should be equal to any. Do not wait to be called upon. Prepare a paper on some subject, or get up a history of some interesting and instructive case of your own and if possible have the patient present.

Of the greatest importance among our undertakings was the medical exhibit at The Western Washington Fair. While not entirely a Society project, its inception was from our members and the successful accomplishment was due in great measure to a lot of hard work by the doctors in this group. Below is a short article on the exhibit.

With such an auspicious beginning let us work to make our coming meetings attain a higher standard than ever before.

THE HEALTH EXHIBIT

The Tacoma Public Health Council performed an outstanding service in public health education at the Western Washington Fair at Puyallup last week. Demonstrations and booths were as follows:

Washington State Health Department exhibit prepared by Dr. E. R. Coffey, state health commissioner;

Two nutrition booths prepared by Miss Anna L. Post, home economics supervisor of Tacoma Public Schools, and Miss Helen Andres, executive secretary of the Washington State Dairy Council;

Pierce County Tuberculosis League exhibit;
 Exhibit by Tacoma District Dental Society and Pierce County Medical Society, assisted by material shipped from the American Medical Association;

Public Health Nursing Association exhibit;
 Mental hygiene booth, prepared by the Western State Hospital;

Conservation of vision exhibit assembled by the oculists and aurists of the Pierce County Medical Society, with the help of material from the National Society for the Prevention of Blindness;

Social hygiene booth prepared by Dr. and Mrs. W. Ray Jones of Seattle;

Twenty-two transparencies on "The Old and the New," Century of Progress exhibit presented by the American College of Surgeons;

Exhibit by the City Health Department of Tacoma;

Exhibit by the Tacoma Orthopedic Society;

Exhibit by the Seattle League for the Hard of Hearing;

Moving picture booth supplied with moving pictures from the Metropolitan Life Insurance Company, Petrolagar, Tuberculosis League, National Society for the Prevention of Blindness, American Society for the Control of Cancer, and lantern slides provided by Washington State Dairy Council under the direction of Dr. W. B. Penney.

X-Ray films supplied by Tacoma General Hospital.

These demonstrations were received with the keenest interest and enthusiasm by thousands who visited the fair and should go a long way toward a better understanding of scientific medicine.

The Pierce County Medical Society extends its grateful appreciation to the officials of the Western Washington Fair Association for the fine generosity and co-operation which made this achievement possible.

Dr. H. J. Whitacre, Chairman of the Publicity Committee of the Health Council has worked for months on the general arrangements and planning for exhibits, posters and models. He had the vision, cleared all the hurdles and put it over.

Dr. Frank Maddison and his co-worker, Dr. Jesse Read, planned and produced the Pierce County Medical Society booth, including the neon arrangement of venous and arterial circulation which attracted so much attention and which was Dr. Maddison's idea.

Dr. J. S. Davies collected and arranged the material for the eye, ear, nose and throat demonstration.

Dr. W. B. Penney organized the moving picture program, which was carried on morning, afternoon and evening, and for which many thanks are due Mrs. DeWitt, Miss Kellogg and Miss Heath, who ran the machines, and to Drs. Niethammer, LaGasa and Whitacre, who explained the pictures.

Dr. M. W. Abernethy had a great deal to do with the dental exhibit, Miss Post with the nutritional booth and Miss Kellogg with the tuberculosis booth.

The writer knows that Drs. Whitacre, Davies and Penney spent hours of their time in educational demonstrations and talks. The following doctors spent at least three hours in the Pierce County Medical Society booth, there being a member of the society on duty at all times: Drs. Trimble, Ludwig, Baskin, G. M. Steele, Havlina, Gullikson, Engels, Niethammer, Duerfeldt, Schaeffer, Kunz, Heaton, Maddison, Light, J. F. Steele, Allison, Hanson, Goering, Robertson, Griffin, Nelsen, Herrmann, Dodds, Magill, Willard, Hards, Dayton and Crowe.

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THE BUSINESS BUREAU

CANCELLATION OF UNCOLLECTIBLE ACCOUNTS

It is the sad fate of collection bureaus to be located between the pan and the fire. The debtor keeps the collector reminded of the bad qualities of the doctor and places the collector in a position of defending the doctor to the debtor. Sometimes the doctor then comes in and criticizes the collector because he did not look after the doctor's interests as the doctor thought he should.

The most misunderstood practice of collection agencies is cancellation of accounts. When an account is assigned to a collection agency the collectors immediately set to work upon it. Within a few days or weeks the collector has formed an opinion of the account. It is at this point that collection agencies begin to differ.

Most collection agencies file the account away without further work as soon as they have satisfied themselves that collection cannot be made at once with reasonable effort. A few agencies whose purpose is service rather than profit continue to work on the account as long as there is any possibility of being of service.

But there comes a time on uncollectible accounts when, no matter how conscientious the collector may be, he becomes convinced that he will not be able to do the client any good. The easiest, cheapest and quickest thing to do is to file the account in the "dead file" and forget it. This is what nine-tenths of the collection agencies do. By this method the doctor never knows when the account has been "killed", and frequently supposes that the agency is still working on the account.

Furthermore, the time and expense of sending out reports is saved and the doctor does not get a chance to send the account to another agency who might happen to collect it and thereby gain more business from that doctor.

A few agencies notify the client when an account is being cancelled. In addition to the expense of sending the notice there is also very frequently a bad psychological effect on the client, because he is likely to erroneously conclude that the agency is not exerting its best efforts.

The policy of the Business Bureau is different from any of these methods. Our policy is, first, never to completely "kill" an account, but to place all uncollectible accounts in a permanent reference file which is routinely checked through from day to day. This is an expensive and unprofitable procedure but is very greatly advantageous to our clients, since it aids in preventing further losses from the same debtor and very frequently enables the Bureau to find new information on which it acts to collect old accounts.

The second step in the policy of the Business Bureau is to notify the doctor at once when the Bureau considers an account is uncollectible. This gives the doctor an opportunity to clear the account from his own records and to keep himself posted on the probable value of his outstanding business. It also gives the doctor an opportunity to consult with the Bureau and furnish additional information, if he has it, that may lead to successful collection effort. Furthermore, the Bureau feels that the

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doctor has a right to know when his account is not being worked on actively.

It is sometimes felt that the doctor might misunderstand the purpose of the cancellation notice and other collection agencies frequently capitalize on this misunderstanding. Some agencies solicit the old accounts and spend considerable sums on collecting a few of them. They then report their accomplishment to the doctor, explaining their superiority, and sometimes they are rewarded.

The Bureau is aware that in notifying the doctor that it considers an account uncollectible, there is a risk run that the purpose of the notice will be misunderstood. It is true that any collection agency can, if it wishes to exert itself sufficiently, collect some of these old accounts.

The real purpose of the best agencies, however, is to expend their time and money most efficiently in working on their own old accounts, of which every agency has many.

The Bureau believes that its policy in the long run will collect the most money for its

members at the least cost to them, and that their best interests will finally be served by this impartial and frank policy.

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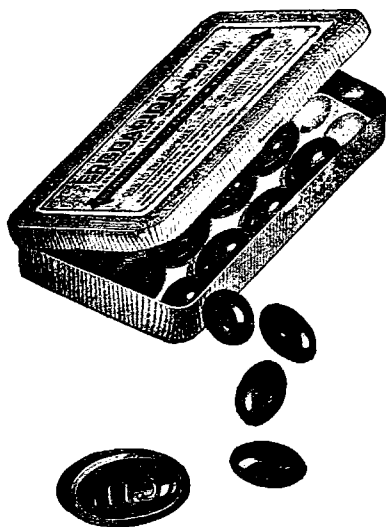
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The Woman's Auxiliary to the Pierce County Medical Society will meet Thursday, October 10, at the home of Mrs. Thomas B. Murphy, 803 No. Stadium Way. Mrs. Weldon W. Pascoe, president of the group, will call the meeting to order promptly at 2 p.m. and a very brief business session will be held.

The educational program which has been arranged for the club year of 1935-36 will feature Mrs. Christen Quevli, Sr., in a talk on "Medicine in Austria", with many personal reminiscences of her own stay in glamorous Vienna and other cities of the one time dual monarchy. This is the second paper in the club's series. Old World music will be played by George Johnson, talented young violinist, with Austrian music predominating.

Decorations will follow the Austrian motif

and during the refreshment hour the assisting hostesses will be Mesdames Vernon E. Crowe, Darcy M. Dayton, Josiah S. Davies, Charles H. Doe, I. A. Drues, Treacy H. Duerfeldt, James H. Egan, Charles F. Engels, Charles, R. Fishel, Andrew M. Flynn, Clarence Gammon and Robert S. Garnett.

Dear Readers: Some time ago, in the syndicated newspaper column entitled "Exploring Your Mind" by Albert Wiggam, there appeared an answer to a question relating to the social status of professions and occupations, in which the statement was made that doctors were ranked highest socially. Next in order came senators, professors, lawyers, civil engineers, dentists, clergymen, high school teachers, factory managers, merchants, salesmen, nurses, actors, mail-carriers, etc., with miners, barbers, cooks and fishermen at the bottom.

Here was Albert Wiggam, whose answers are always based on scientific and statistical research, giving the medical profession the highest social rank possible in these United States. I began to wonder how many years it had been since those who practiced medicine had been ranked with barbers, farriers, actors and court jesters, and what had brought about this elevation in social status? As a rule, the doctor himself is a most unpretentious man socially, and is very self-effacing and modest in his relations with other human beings. * * *

In the first place, it is a certain type of

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individual that even wants to be a doctor and starts on the long road of study and preparation that leads to the goal. It is a type of individual motivated by love of humanity and idealism. It is the same old primal instinct of which Sir William Osler spoke when he said, "medicine grew out of a sympathy for humanity and a desire to relieve suffering and distress." * * *

And so, is it any wonder that at last through the long ages of work and striving the doctor is set aside as one who walks on the high road? What should be the reaction of the doctor's wife to this elevated status that has been given her husband? Does she think of it as expressed in a too full social calendar and with values based on the snobbery of things that money can buy, or does this classification make her justly lumble with the weight of her responsibility? Men cannot rise to their highest and best capabilities unless their wives, too, possess the idealism of their profession. Yes, the wives of doctors need training also—training in character, training in intellectual poise and training to live this role of doctor's wife.

Even as the dross is burned away in the doctor's character by the hardships of his school experience so must the dross, if there is any, be burned away in his wife. She must have patience not only with the interrupted routine of her household but with the ignorance of people, and sympathy not only with the sickness of people but with their distorted points of view. How can she mold public opinion unless she has the imagination to understand what is in the minds of other people? Petty jealousy has no place in the life of the doctor's wife. Life has too much meaning in the daily romance and contact with elemental things for jealousy. There is no place for driving ambition that seeks expression in material possessions or in silly show of superlatives.

And so, dear Auxiliary women, let us not forget that if through the upward struggle of the medical profession we find ourselves on an elevation, it is for the purpose of the long range vision. High, farseeing places give per-

spective. Elevated position brings with it commensurate responsibility. We glory in the status of our husbands, yes, but with great humility we walk with them along the high road, cultivating always purity of character and high intelligence.

MRS. DAVID S. LONG,
Woman's Auxiliary to American
Medical Association.

CO-OPERATION

Two foolish asses, now get this dope,
Were tied together with a piece of rope.
Said one to the other, "You come my way,
That I may nibble at this new mown hay."

"I won't" said the other; "you come with me,
For I too have some hay, you see."
Well, they got nowhere, just pawed up dirt,
And pulled each other with a rope that hurt.

Then they turn about, those foolish mules,
And said, "We're just like human f.ols;
We must pull together; I'll go your way.
Then you come with me, and we'll both
eat hay."

They ate their hap, and they liked it too,
And swore to be comrades, good and true.
And as the sun went down they were heard
to say:
"Ah, this is the end of a perfect day."

Now get this point, don't let it pass:
Learn this lesson from a stubborn jackass:
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Allison, Harry B. -----	Medical Arts Building -----	MAin 1346
Argue, Hiram S. -----	Medical Arts Building -----	MAin 3650
Aylen, Charles H. -----	Puyallup -----	500
Barber, Martin C. -----	Steilacoom -----	LAkewood 5513-J-4
Barry, Shirley D. -----	Puyallup -----	500
Baskin, Lester S. -----	County Hospital -----	GArland 4880
Beach, Robert H. -----	N. P. Hospital -----	MAin 0187
Bell, Daniel H. -----	Medical Arts Building -----	MAin 1222
Blair, Samuel L. -----	Medical Arts Building -----	MAin 0650
Bohn, Julius C. -----	2602½ No. Proctor St. -----	PRoctor 2279
Bowles, John A. -----	Tacoma Smelter -----	PRoctor 0070
Bowles, Thomas K. -----	4624 So. Yakima -----	GArland 1540
Bridge, Albert W. -----	744 Market St. -----	MAin 8111
Brown, Burton A. -----	County Hospital -----	GArland 4880
Buis, Albertus H. -----	3512½ McKinley Ave. -----	MAin 3817
Cameron, Walter C. -----	Medical Arts Building -----	MAin 9205
Cameron, William G. -----	Medical Arts Building -----	MAin 9205
Carlsen, Edwin L. -----	5401½ South Tacoma Way -----	GArland 0260
Clay, Homer T. -----	Medical Arts Building -----	BRoadway 3803
Creswell, Samuel L. -----	Medical Arts Building -----	BRoadway 2203
Crowe, Vernon E. -----	Medical Arts Building -----	MAin 9748
Curran, Thomas B. -----	Perkins Building -----	MAin 1141
Davies, Josiah S. -----	Medical Arts Building -----	BRoadway 2666
Dayton, Darcy M. -----	Medical Arts Building -----	MAin 4378
Delaney, George A. -----	Eatonville -----	112
Denzler, Charles H. -----	Gig Harbor -----	
Dodds, Edgar F. -----	Medical Arts Building -----	MAin 3401
Doe, Charles H. -----	Medical Arts Building -----	MAin 5531
Drake, B. Elizabeth -----	Fidelity Building -----	MAin 0248
Drues, Isadore A. -----	744 Market St. -----	MAin 8111
Duerfeldt, Treacy H. -----	Medical Arts Building -----	MAin 2601
Egan, James H. -----	Puget Sound Bank Building -----	BRoadway 2040
Engels, Charles F. -----	Medical Arts Building -----	MAin 4474
Fishel, Charles R. -----	Medical Arts Building -----	MAin 6764
Flynn, Andrew M. -----	3802 So. Thompson Ave. -----	GArland 0661
Foreman, Brady H. -----	4121 Madrona Way -----	PRoctor 0751
Gammon, Clarence P. -----	Fidelity Building -----	MAin 1168
Glovatsky, Wadim J. -----	Eatonville -----	
Goering, William H. -----	Medical Arts Building -----	MAin 1346
Gray, Clyde E. -----	Fidelity Building -----	MAin 1168
Griffin, Hillis F. -----	605 So. Pine St. -----	BRoadway 4484
Griffith, Guy E. -----	Medical Arts Building -----	BRoadway 2356
Griggs, Joseph F., Jr. -----	Sumner -----	72
Gullikson, John W. -----	N. P. Hospital -----	MAin 0187
Guy, Percy F. -----	731 So. 49th St. -----	GArland 2876-W
Hanson, Eugene W. -----	Medical Arts Building -----	BRoadway 2277
Hards, Hildebrand J. -----	Medical Arts Building -----	BRoadway 2277
Havlina, John M. -----	5243½ South Tacoma Way -----	GArland 2512

Heaton, Archibald B.	Jones Building	MAin 8471
Herrman, Siegfried F.	Medical Arts Building	BRoadway 1419
Hicks, Grant S.	Medical Arts Building	MAin 0711
Hillis, Albert E.	Medical Arts Building	MAin 9205
Hopkins, Lewis A.	Medical Arts Building	BRoadway 2203
Howe, Archibald W.	Medical Arts Building	MAin 3640
Hunt, Leo J.	Puget Sound Bank Building	MAin 8466
Hunter, Charles D.	Medical Arts Building	MAin 0780
Hutchinson, J. Lyman	2811 No. Union Ave.	PRoctor 0040
Janes, Edwin W.	Medical Arts Building	MAin 2348
Joers, Lawrence E. C.	4602½ Pacific Avenue	GArland 0678
Johnson, David H.	Medical Arts Building	BRoadway 2277
Johnson, John A.	Medical Arts Building	MAin 5847
Jones, Scott S.	Medical Arts Building	MAin 2508
Jonez, Hinton D.	Washington Building	MAin 2494
Judd, Corban E.	Sumner	54-J
Kanaga, Eber D.	Palm Springs, California	
Karshner, Warner M.	Puyallup	94
Keho, J. Arthur	Fidelity Building	MAin 1856
Keller, William N.	Fort Steilacoom	LAKewood 2151
Kinnear, Claude H.	Fidelity Building	MAin 0219
Kohl, Gerald C.	Sumner	72
Kunz, George G. R.	Fidelity Building	BRoadway 4747
Kurata, H.	1355 Market St.	MAin 9286
Kyle, Philip C.	Medical Arts Building	MAin 9212
LaGasa, James A.	Medical Arts Building	MAin 2508
Leaverton, Claude C.	Medical Arts Building	BRoadway 2203
Leslie, A. C.	3805½ So. Yakima Ave.	GArland-1279
Light, Samuel E.	Medical Arts Building	BRoadway 1661
Locke, J. Allen	Washington Building	MAin 0819
Long, Thomas H.	2152½ South K Street	MAin 7848
Loughlin, Orrin W.	2304 Sixth Avenue	MAin 4540
Ludwig, William H.	Medical Arts Building	BRoadway 1700
Lundvick, Cyril V.	Medical Arts Building	BRoadway 3343
McCcoll, Charles R.	St. Joseph's Hospital	MAin 4101
McCreery, Charles R.	Fidelity Building	BRoadway 3520
McCreery, William B.	Fidelity Building	BRoadway 3520
McNerthney, Lawrence T.	Medical Arts Building	MAin 0635
McNerthney, William B.	Medical Arts Building	MAin 0635
McPhail, Ross E.	Lakeview	LAKewood 2185
Mace, Norman C.	American Lake	
MacLean, Sydney M.	Medical Arts Building	BRoadway 2277
MacRae, Raymond D.	Medical Arts Building	MAin 1515
Maddison, Frank R.	Medical Arts Building	MAin 2348
Magill, Clyde	Medical Arts Building	MAin 8282
Mattson, William W.	Medical Arts Building	BRoadway 3708
Miles, Robert S.	Enumclaw	66-J
Mitchell, Whiting B.	Sumner	70
Monaghan, Robert W.	Washington Building	BRoadway 3335
Monroe, William A.	1010 No. Yakima Avenue	MAin 6382
Monzingo, Arthur S.	Gig Harbor	
Moore, William A.	312 North J Street	MAin 7591
Morse, Raymond C.	Puyallup	500
Morse, Roy A.	Medical Arts Building	MAin 0780
Murphy, Thomas B.	Rust Building	BRoadway 4440
Nace, A. George	5437 South Tacoma Way	GArland 2182

Neil, Thomas F.	American Lake	
Nelsen, Millard T.	Medical Arts Building	MAin 9393
Niethammer, Woodard A.	Medical Arts Building	BRoadway 2108
Pascoe, Charles S.	Washington Building	MAin 3832
Pascoe, Weldon W.	Washington Building	BRoadway 1256
Paul, William C.	Medical Arts Building	BRoadway 2666
Pearson, Charles M.	Perkins Building	MAin 1141
Penney, Warren B.	Medical Arts Building	MAin 2001
Perkins, Mary H.	Fort Steilacoom	LAKewood 2151
Powers, Lee C.	Port Angeles	
Quevli, Christen	Medical Arts Building	MAin 5233
Quevli, Chisten, Jr.	Medical Arts Building	MAin 5233
Rea, Robert H.	Fort Steilacoom	LAKewood 2151
Read, Jesse W.	Rust Building	MAin 1505
Read, Wilmot D.	Rust Building	MAin 1505
Robertson, J. Benjamin	Fidelity Building	BRoadway 2713
Rummell, Thomas C.	3812 South J Street	GARland 0491
Running, Darrell H.	5401½ South Tacoma Way	GARland 0200
Rynning, Johan L.	8005 Pacific Avenue	GARland 1003
Schaeffer, Ralph C.	Medical Arts Building	MAin 1224
Scheyer, Frederick L.	Puyallup	530
Schultz, Alfred L.	Medical Arts Building	MAin 5253
Shaver, George D.	920 South Yakima Avenue	MAin 7342
Shumsky, N. S.	1105½ So. 11th St.	MAin 8214
Sigafoos, James F.	Orting	446
Smeall, Joseph S.	Puget Sound Bank Building	MAin 1360
Smith, Alice M.	4309 South Park Avenue	GARland 0222
Smith, G. H.	Central School	BRoadway 2283
Saat, Karl S.	Medical Arts Building	MAin 4317
Stalter, George R.	American Lake	
Steele, Glenn M.	Medical Arts Building	MAin 7115
Steele, John F.	Medical Arts Building	MAin 7115
Stewart, Albert C.	Medical Arts Building	MAin 1095
Trimble, Charles G.	2403½ Pacific Avenue	MAin 6878
Turner, Joseph R.	Medical Arts Building	BRoadway 3523
Vandenberg, George J.	Perkins Building	MAin 1141
VanVechten, Ward B.	Washington Building	MAin 2739
Wagner, George C.	324 North E Street	MAin 7265
Walker, John A.	Dupont	33
Warren, Edwin D.	Perkins Building	MAin 1141
Whitacre, Horace J.	Medical Arts Building	BRoadway 2108
Whitaker, Clifford W.	Washington Building	BRoadway 2164
Willard, Harry G.	Medical Arts Building	BRoadway 2203
Willson, Frank C.	Buckley	9-R
Wiseman, Claude E.	744 Market St.	MAin 8111
Wislicenus, Gustav A.	3502 North 29th Street	PROctor 0625
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Mother: The doctor says I must stop eating so much meat, as it is taxing my kidneys.

Son: For gosh sake! Are they taxing kidneys now?

Doctor: "Pat, you wife's just presented you with quadruplets."

Pat: "Four cryin' out loud!"

Teacher: "What do we breathe in the daytime?"

Student: "Oxygen."

Teacher: "What do we breathe at night?"

Student: "Nitrogen."

"Did they put stitches in?"

"No. I just pulled myself together."

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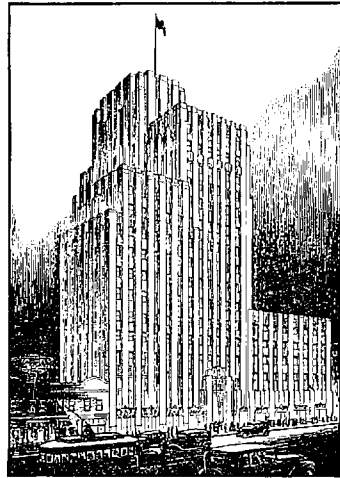
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A Poor Scholar . . . because of a Poor Breakfast

MANY a child is scolded for dullness when he should be treated for undernourishment. In hundreds of homes a "continental breakfast" of a roll and coffee is the rule. If, day after day, a child breaks the night's fast of twelve hours on this scant fare, small wonder that he is listless, nervous, or stupid at school.

Pablum offers a happy solution to the problem of the school-child's breakfast. Mothers who learn about Pablum from their physicians are delighted to serve it for it needs no cooking and can be prepared in a minute at the table—more quickly than many less nourishing foods. Pablum not only ends the bane of long cooking of cereals but in addition furnishes a variety of minerals (calcium, phosphorus, iron, and copper) and vitamins (A, B, G, and E) not found so abundantly in any other cereal.

PABLUM is rich in calcium and iron, minerals likely to be deficient in the school-child's diet yet needed in more than average amounts during childhood. Pablum is 6 times richer than fluid milk in calcium and contains 10 times more iron than does spinach. It also furnishes generous amounts of vitamins B and G, essential for normal appetite. Unlike other cereals, Pablum is base-forming, important because the growing child needs to store alkali. The nutritional value of Pablum is attested in studies by Crimm *et al* who found that tuberculous

children receiving supplements of Pablum showed greater weight-gain, greater increase in hemoglobin, and higher serum-calcium values than a control group fed farina. Reprint sent on request of physicians. Mead Johnson & Company, Evansville, Indiana, U.S.A.

Pablum (Mead's Cereal thoroughly pre-cooked) is a palatable cereal enriched with vitamin and mineral-containing foods, consisting of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa leaf, beef bone, brewers' yeast, iron salt, and sodium chloride.

"TOMMY, that's the *third* time this week you haven't learned your lesson. Why don't you listen to me when I tell you how to work the problems?"



NEWS ITEMS

The deepest sympathy of the Pierce County Medical Society is extended to Dr. and Mrs. Sydney M. McLean and family in the death of Sydney M. McLean, Jr.

Dr. and Mrs. H. T. Clay are visiting relatives and friends in St. Louis, Detroit and Grand Rapids. They expect to return about October 6.

Dr. S. L. Blair has been on a hunting trip in Canada. He reports a very enjoyable time.

Dr. and Mrs. A. Keho spent several days in California last month, when they traveled south to enroll their daughter, Miss Helen, in the Dominican Convent of San Rafael. Miss Helen is a junior in High School.

Dr. and Mrs. Karl Staatz have been enjoying a hunting and fishing trip in Oregon.

THE TRUE ECONOMY
OF DEXTRI-MALTOSE

It is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and the very cheapest carbohydrate, at most is only \$6 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.

Ernest: "I'm going to the hospital tomorrow for an operation."

Ed: "Good luck to you. I hope everything comes out all right."

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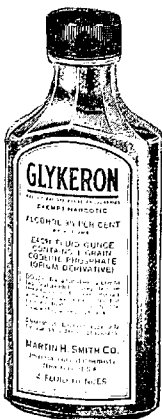
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Literature on request

TACOMA GENERAL HOSPITAL

Possibly some of you have already seen the new trays for the administration of medicines hypodermically in use at the Tacoma General Hospital. If not, you will find the new technique interesting, time-saving and a great improvement over the former method.

The Tacoma General Hospital has purchased the lot south of the Faculty House on K Street and is converting it into a recreation yard for the nurses. The old house on the lot has been torn down, the yard terraced and a lawn sown preparatory to further development.

Mr. S. M. Jackson, President of the Hospital, recently flew to Washington, D. C., on a business trip. Dr. B. D. Harrington, Radiologist, left on September 29 for Chicago, also by plane, and is planning to return about October 15. We are wondering whether the latter will return in his present status, or whether he will need tickets for two on the trip back.

Miss Carol Penney is a new addition to the staff in the Record Department.

The new Inductotherm in the Physiotherapy Department has occasioned a great deal of favorable comment from the doctors who have seen it and tried it on their patients. Miss Ruth Babb, Physiotherapist, will gladly demonstrate the machine to anyone who has not seen it.

The Tacoma General Hospital took part in the health exhibit at the Western Washington Fair through an X-Ray display and a series of films shown by the Tacoma Orthopedic Association. The doctors who participated in this health exhibit, headed by Dr. H. J. Whitacre and Dr. W. B. Penney, are certainly to be congratulated on the fine display and talks given, and we hope that a similar display may be presented next year.

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October 15, 6 P. M.

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- Histogenesis of Blood---Dr. T. H. Duerfeldt
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WHAT IS YOUR OFFICE ASSISTANCE WORTH?

By An Observer

An office assistant often makes the first contact with the patient; therefore the physician should exercise reasonable care in choosing her. Too often, however, the salary paid seems to be the principal factor. In other words, the doctor employs an "office girl," and pays her accordingly. He seems to feel a sense of security if someone is in the office, regardless of her fitness for the position.

This no doubt accounts for the poorly trained and inefficient help which one so often finds in doctors' offices. Our experience has been that they are not always employed by physicians with modest practices either. In fact we have come across them where one would expect to find a high degree of efficiency.

Recently we called at the office of a well known physician in our community. His assistant, no matter how efficient she may have been otherwise, did not recognize the primary requisite of her position: prompt and courteous attention to those who enter the waiting room. Her manner was not only abrupt but her voice was testy. Many years of service had evidently calloused her to other peoples' difficulties, for she was not even remotely sympathetic. Her approach to the patient was patronizing and embarrassing to those who had not visited the doctor's office before. How the physician can overlook these deficiencies we cannot understand. She must have been a good secretary or an efficient bookkeeper, but as a hostess to his patients she was a failure.

Now there are many varieties of poor office assistants from the unintelligent, hopeless individual to the one who is a chronic grouch. Needless to say, all of them are worse than worthless to the doctor. Whatever he pays them is too much. The loss in good will for which they are often responsible may prove costly indeed.

Contrariwise, there are many excellent office assistants who are not fully appreciated by the physicians who employ them. We have known instances where patients were particularly attracted to a physician because of the personality of the girl in his office. Such office help is rare and is worth all the physician pays for it.

It is well worth any physician's time to obtain his patients' reactions to the treatment

they receive in the waiting room. There may be a surprise in store for him. It may be pleasant or it may not. If not, it is time for him to act, and the sooner he does the better it will be for his practice.

Presupposing that the office assistant selected by the physician is intelligent, we offer for consideration the following qualifications which we believe she should have:

1. She should, above all, be tactful, courteous, and thoughtful. It is easy to become indifferent to the woes of the patient, particularly when, as we are told, about fifty percent of them are not suffering from organic illnesses. Whatever the ailment may be, she should be prompt in giving attention to people as they come in, be patient with their peculiarities, and, if possible, try to place herself in their position.

These human qualities we would place above all others. An office assistant may be ever so efficient in other ways, but if she is lacking in human sympathy she has no place in a physician's office.

2. We would determine her ability to spell and to use the English language. Letters which we have seen indicate that many have not learned the fundamentals of grammar, or do not have a "feel" for proper language usage.

The patient receiving a letter where names are misspelled and sentences poorly constructed certainly will not be favorably impressed. On the contrary, such a letter will reflect unfavorably on the physician who signs it.

3. A competent office assistant should show initiative and not have to be told everything that needs to be done. Few, however, possess this quality to any degree.

4. Perhaps no quality is more desirable than a willingness to accept responsibilities. In a person possessing it the doctor can place confidence, and he need not worry about office details. That few people in any line of endeavor let responsibilities weigh very heavily upon them perhaps accounts for many failures.

5. The office assistant should be methodical and plan her work so it is completed at the day's close. All records should be kept up to date and no routine duties put off. Of course we take for granted that she knows how to keep records.

6. She should keep in mind that she is the *office assistant*, and therefore conduct herself in a unobtrusive manner. Pleasant conversation with the patient is to be desired, but the

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competent office assistant is cautious in her comments. She gives no medical advice, nor does she comment on any other physician's abilities. She knows that in a doctor's office confidences must be kept.

We can imagine that in reviewing these desirable qualifications the physician may feel that one who meets these requirements may prove too costly. The reverse, as we have said, is true, for the truth is that incompetent office help can prove very expensive. One patient turned away because of discourtesy or lack of attention may alienate many others with whom he may come in contact.

What is your office assistant worth? If you do not know, you should find out.

—*Bulletin of the Des Moines Academy of Medicine.*

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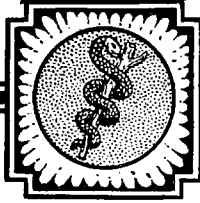
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BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V.

NOVEMBER, 1935

No. 8

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MEDICAL ARTS BUILDING AUDITORIUM

8 P. M.

NOVEMBER 12

- The Value of Hygeia as a Means of Health Education.....
Mrs. John Arnason Johnson
- Treatment of Naevus, a Demonstration.....Dr. Homer T. Clay
- Discussion opened by Dr. D. M. Dayton
- Physical Education in the Schools.....R. M. Hager
Director of Physical Education, Tacoma Public Schools
- Education by Radio.....Dr. Frank J. Clancy, Seattle
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President, Washington State Medical Association

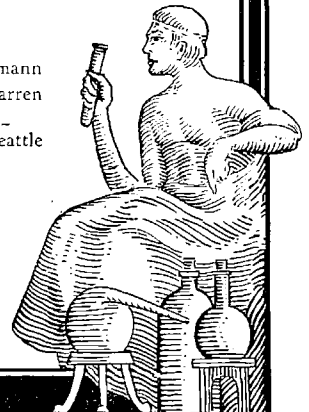
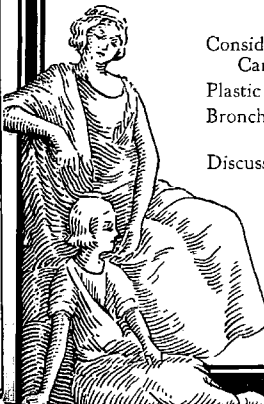
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NOVEMBER 26

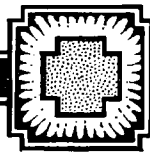
- Considerations for Lowering the Operative Mortality in
Cancer of the Rectum.....Dr. S. F. Herrmann
- Plastic Surgery of the Face; two case reports...Dr. E. D. Warren
- Bronchoscopy and Esophagoscopy as Aids to Diagnosis.....
Dr. Julius A. Weber, Seattle
- Discussion opened by Dr. A. W. Howe.

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are beginning to demand it free. The clergy made the same mistake centuries ago, and have been going downhill ever since. The lawyers are too shrewd to fall into any such blunder. They have never given away anything for nothing, and hence nobody believes that they ought to. If they began roving the country tracking down people in need of law they would soon be in the hole that the doctors are in now."

In the above clipping from the American Mercury there is a modicum of sense, even though it is rather bluntly stated. The encroachments upon private practice by the many public health organizations have been encouraged if not always instigated by the doctors themselves. In the protection of the health of the public the physician has always taken an altruistic attitude, almost always to the detriment of his own pocketbook.

This is as it should be under the greatest number of circumstances. Certainly no one would suggest that our efforts to stamp out the great epidemics of smallpox, typhoid, diphtheria, plague and the other scourges that have affected mankind have not been right, and our manifest duty, but the question arises if we have not gone too far and are in danger of going still farther along the path of giving up more of our own rights to a public which does not understand such conduct.

Government public health service has grown and expanded until now it not only has the function of disease prevention, but interests itself in the treatment of diseased individuals, with a consequent curtailment of probable private practice. The care of the army, the navy, the marine workers, the war veterans and of other government employees is being undertaken by government agencies, and sanitarium care of the tuberculous removes another large group. The beneficial associations, lodges and contract clinics make further inroads. Add to all these the ever-present indigent and the number of unemployed who are on relief and we find a large percentage of the population who are removed from the group of potential patients.

THE DOCTOR'S ERROR

"The medical men of America began to pave the way for the report of the Committee on the Cost of Medical Care, with its alarming proposals to make public slaves of them, when they began to go outside the bounds of their practice, with their kits in one hand and clubs in the other. It is the public hygiene nonsense that has got them into their trouble. First they tried to force medicine upon people who didn't want it, and now those same people

In the past the doctors have put in long hours serving without pay in city and country clinics. They have given days of their time eliciting the fine points of the exhibits at baby shows. They have thumped chests, prodded abdomens and gazed down the throats of frightened kiddies at pre-school, after school and P.T.A. examinations, all of these at the cost of time and fatigue for the doctor, with no reward for the examiner and with little benefit to those examined.

Today we are engaged in the experiment of giving service through the W.E.R.A. to the unemployed. The cost per patient and by family is kept by the government and will be analysed by actuaries to try and find how they can obtain medical services at the least possible cost.

Another experiment is the Physician's Medical and Surgical Bureau which has been in operation in Pierce County some seventeen years, and which is being tried out in other county societies and by the State Medical Association. This experiment has been of value in some ways but in others not so good.

Throughout the State of Washington the private clinics and the medical societies are selling full and unrestricted medical and surgical services, including drugs and no limit on hospitalization, for less than cost. Hospital associations in the East charge twice as much for hospital care limited to a few weeks each year as is charged here for unlimited care.

Such things tend to lessen the people's valu-

ation of all medical service. That which is obtained for nothing is regarded as of but little value. There is the danger that if the time comes that a permanent system of care for those of low incomes is put into effect these figures will be used as a basis for fixing the doctor's pay.

Physicians should have learned a lesson from their past mistakes. With the field of practice growing more and more limited, all attempts at any further encroachment should be strenuously resisted.

The economic errors of the past should be corrected and a proper valuation placed upon medical service, so that the doctor may pursue his practice with honor and dignity and with the assurance of a decent living.

First cannibal: "Oogli has been having an attack of hay fever."

Second cannibal: "Serves him right. I told him not to eat that grass widow."

IRRADIATED ... VITAMIN D MILK

*Bears The Seal of Approval
of the*

AMERICAN MEDICAL
ASSOCIATION

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

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Funeral Directors

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THE BUSINESS BUREAU

UNPAID MEDICAL BILLS

The research studies which have been going on during the past two years in collaboration with the work of the Bureau have produced some startling statistical material. These studies make it apparent that there is a certain regularity in the degree to which people allow their medical obligations to go unpaid.

Studies made of families on relief were of particular interest in this connection. The following two tables indicate the extent to which medicine bears the burden of inadequate incomes in the population of the county.

Analysis of Unpaid Obligations

Bills Deferred by 561 Families Who Received Pierce County Welfare Aid
1934

Items Deferred	No. of Families	Percent of Total Families
Medical Bills -----	393	70.05%
Rent -----	171	30.48%
Taxes -----	143	25.49%
Other -----	138	24.59%
Food -----	130	23.18%
Payments on Home-----	101	18.00%
Contract Purchases ---	66	11.76%

ANALYSIS OF 561 FAMILIES WHO RECEIVED COUNTY WELFARE AID
1934

(374 or 67% of total cases studied state that they owe Medical Bills)

Classification	No. of Families	Percent of Total Families
Physician -----	334	59.536%
Dentist -----	68	12.121%
Hospital -----	66	11.764%
Medicine -----	22	3.921%
Non Medical		
Practitioner -----	15	2.673%
Testing Eyes or		
Glasses -----	9	1.604%
Other -----	7	1.247%
Nurse -----	5	.891%

The second of these two tables indicates the extent to which the physician bears the burden of unpaid costs of medical care.

The Welfare families studied were not selected from any particular group and are typical of the total population whose incomes are below the minimum comfort standard of living. These particular families were used in the study because our statistical organization had particularly complete and reliable information concerning them. The conclusions are obvious.

“Dear Doctor: My pet billy goat is ill from eating a complete leather-bound set of Shakespeare. What do you prescribe?”

Answer: “Am sending *Literary Digest* by return mail.”

Ambulance Service

Immediate response at any
Moment Day or Night

YELLOW CABS

Main 1122

Trained, Careful, Uniformed Attendants

CASCADE LINEN SUPPLY

Doctors' and Dentists'
Linen Supplies

Uniforms Supplied

Continuous towel cabinets

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MAin 3454



LIBRARY

HOURS 11:00 A. M. TO 3:30 P. M.

TELEPHONE - BROADWAY 3166

BLANCHE L. DEWITT, LIBRARIAN



This year's subject for high school debate in Washington and in many other states is state medicine. The subject will also be debated by many colleges and universities.

To offset the great mass of material favorable to the socialization of medicine which has appeared in the lay magazines during the past few years, your library has assembled a large collection of articles for use of the negative teams in these debates, and has given packages to our public library, our high school and college libraries and to several outside schools which have requested it. Handbooks have been published by several organizations but are said to devote a preponderant amount of space to the affirmative and we have been glad to do our part in making available to the debaters on the negative side articles giving the point of view of the medical man.

These debates are of more importance than might appear at first thought. These young people are the adults of tomorrow, with whom doctors will have to deal. Furthermore, they will be heard by hundreds of thousands of people, who will be influenced, consciously or unconsciously, by their arguments.

From time to time one hears the statement "Oh, we ought to have a system like they have in Europe—pay so much a month and that is all there is to it!" In the parlance of the day, this "listens good", and it behooves us to so inform ourselves that we may be able to refute it.

Your librarian has condensed several of the articles unfavorable to the socialization of medicine which we have on file and some of the most interesting arguments are presented below:

We have only to look about us to see the incompetence and actual dishonesty where politics is concerned. Partiality is shown for personal, party or financial reasons. Under state medicine the doctor who had the most to offer the legislator might get the best appointment, irrespective of his qualifications. Merit must be tremendously outstanding or cleverly publicized to stand equal with mediocre ability backed by political patronage.

This would naturally discourage the best type of young man from entering the medical

profession. He would hardly care to spend years of exacting study at an expense of many thousands of dollars in order to take a paid position under political control. He would enter some other profession, where he could be his own master, where his individuality, his initiative and his enthusiasm would be untrammelled.

The present day trend toward paternalism is undermining national character. People are encouraged to want something for nothing, which in effect makes parasites of them and tends to rob them of self-reliance. Industry and independence are destroyed. One of the first effects of state medicine in Germany was that, while people went to doctors only for real ailments before the law took effect, they immediately began to come with imaginary or pretended illness, for the purpose of getting the sick benefit payment or free hospital care, running to the doctor for every little thing and compelling him to make many unnecessary calls. This so increases the doctor's work that he has much less time for the care of the really sick. It also increases the tax burden, for more doctors are necessary when they are compelled to spend time on those who are not sick.

In Europe, in order to keep the cost of insurance low enough to be within the means of the contributing parties, the doctor is so poorly paid that he must see an average of 40 or 50 patients a day, even to earn the most modest livelihood. He must of necessity do hurried work, with a resulting possibility of errors in diagnosis and in treatment. The high tension under which he works wears out his strength and discourages him from research, reading and post graduate study.

Social insurance is impossible to abolish when once established. It is obvious that executives and legislators do not want it repealed because it reduces the power which they derive from political patronage.

Medical care can not be standardized. Each case is different. Successful healing depends upon the training, the intelligence and the interest of the individual doctor. The rapport existing between the doctor and his patient is a relationship which no state can fill.

WOMAN'S AUXILIARY

to PIERCE COUNTY MEDICAL SOCIETY

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Mrs. David Johnson	
Mrs. H. B. Allison	

Members of the Auxiliary Board met Thursday of last week in the Medical Arts Auditorium for the regular business session. Mrs. W. Weldon Pascoe, president, presided and board members present included Mesdames T. C. Rummel, W. B. Penney, George Stalter, Raymond Morse, J. A. Keho, John Steele, Charles McCreery, C. G. Trimble, D. H. Bell, A. E. Hillis, J. W. Gullikson, William Ludwig, J. Arnason Johnson, James H. Egan, E. F. Dodds, C. F. Engels and Karl Staatz.

Ladies and gentlemen, your health!

This toast, with incidental music, heard each Tuesday at 2 P. M. over KOMO, introduces a new type of radio program, sponsored by the American Medical Association, a dramatization of medical emergencies and how they are met.

Through this program, which is presented in vivid and dramatic fashion, listeners are reminded that the doctors who handle these emergencies are always available for the protection of the community's health.

Remember to listen in each Tuesday and tell your friends about these broadcasts, which, in addition to their health value, are excellent entertainment and merit the attention of a large lay audience.

MRS. E. F. DODDS,
Chairman Radio Committee.

AN OPPORTUNITY FOR THE WOMAN'S AUXILIARY

(Reprint of an editorial entitled "High Accomplishments," published in the Wisconsin Medical Journal of July, 1935.)

During the late spring the Milwaukee Journal announced that radio station WTMJ had cancelled all contracts carrying the radio advertising of internal patent medicines. The Station announced that such advertising "was not deemed to be in the public interest" and that from now on "products that claim to be universal cures and others which cannot sup-

Mrs. W. W. Mattson will open her beautiful and spacious home at 4605 North Verde on Thursday, November 14, for the regular monthly meeting of the Woman's Auxiliary to the Pierce County Medical Society. Mrs. W. Weldon Pascoe will preside at the brief business session, which will begin at 2 p. m., and a delightful program will follow.

Mrs. Daniel H. Bell will give the third of a series of talks planned for this year's meetings, speaking on "Medicine and Medical Practice of Japan" and recalling incidents of her own visit to the Flowery Kingdom. A group of Japanese girls will appear in the authentic Japanese dances and songs and the program promises to be of great interest.

The tea hour will follow and Mrs. Mattson, the hostess, will be assisted by a large committee from the membership of the Auxiliary.

port the claims made for them will be barred from the aid by WTMJ. Network programs presenting offensive advertising will also be cancelled for the same reasons if conditions warrant."

The Milwaukee Journal is to be congratulated for the position it has taken.

Back of the scenes, however, was the Woman's Auxiliary to the Medical Society of Milwaukee County. Over a substantial period of time the Auxiliary furnished the management with reports of the Bureau of Investigation of the American Medical Association concerning products then being advertised over the radio and in the daily press. The position of the radio station doubtless was taken as the result of cumulative evidence of the deleterious public health aspects of this type of advertising so well presented through the Auxiliary's interest.

We congratulate the Woman's Auxiliary to the Medical Society of Milwaukee County on accomplishing a high objective in the interest of the public. This is just one more bit of evidence that the Auxiliary can and

does render fine service. We look forward to the day when every County Society in Wisconsin will have its Auxiliary.

A statistician declares the average family pays doctors \$120 a year. What he probably meant to say is that the average family gets doctors' bills for that amount every year.

Sanitary Infant
Dairy Milk
comes direct to you
from our farm.

Phone MAin 7627

GLYKERON

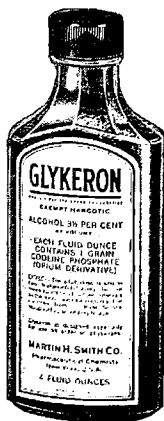
A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medically approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—without coughing.

GLYKERON is an ethical product in origin, in development and distribution. It deserves your full confidence.



Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

GLYKERON now supplied in 4 oz. as well as 16 oz. bottles.

Literature on request

THE NEW 4 OZ. R_x BOTTLE

The label is easily removed by the pharmacist and your prescription directions affixed.

MARTIN H. SMITH COMPANY · NEW YORK

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These Institutions, conveniently located in this structure, stand ready to serve.

SURGICAL INSTRUMENTS

Shaw Supply Co., Inc.

The Pacific Northwest's Only
Complete Surgical and X-ray
Supply House
Broadway 1277

PHYSIOTHERAPY

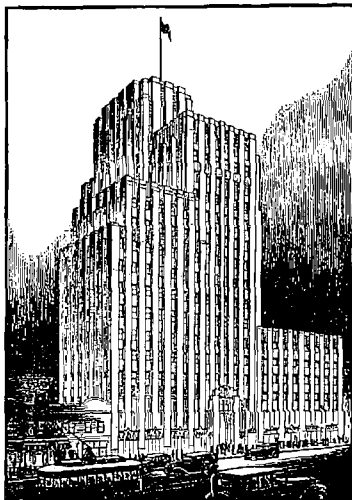
Karen Rynning

Member of
American Physiotherapy Association
Referred work only
Broadway 2862

PRESCRIPTION PHARMACY

Braley's, Inc.

Where your Physician's Prescription
is filled Promptly, Reasonably,
Accurately.
Main 8116 Free Delivery



OPTICIANS

Riggs Optical Co.

Rx Rx Rx Rx Rx Rx Rx
Optical Prescriptions
Established in 54 cities.

Prescription Optical Co.

Oculists Prescriptions Filled.
Glasses Made and Repaired.
A. J. Jorgenson
Main 0712

THE MEDICAL ARTS BUILDING *offers:*

1. Garage facilities.
2. Convenient office quarters, reasonably priced, located on the pivotal center of all Tacoma.
3. Medical Library.
4. Spacious auditorium for Medical and Dental meetings.

NORRIS, BEGGS & BASE, Inc.
Building Managers.

For bland diet therapy, especially ULCER cases — PABLUM

FAR too often the bland diet prescribed for gastric ulcer, colitis, and similar gastro-intestinal disorders is a deficient diet. An analysis made by Trout of ulcer diets used by 6 leading hospitals in different sections of the country showed them to be "well below the Sherman standard of 15 milligrams" in iron and low in the water-soluble vitamins.¹ "Vitamin B would appear to be represented at a maintenance level in most cases," writes Trout, "but the possible relation of vitamin B to gastro-intestinal function and appetite should make one pause before accepting a low standard."

Low in Fiber — High in Iron

Pablum is the only food rich in a wide variety of the accessory food factors that can be fed over long periods of time without danger of gastro-intestinal irritation. Its fiber content is only 0.9%. Yet Pablum contains 37 times more iron than farina and is an excellent source (+ + +) of vitamins B and G, in which farina is deficient. Supplying 8½ mgms. iron per ounce, Pablum is 8 times richer than spinach in iron.

Rich in Vitamin B

The high vitamin B content of Pablum assumes new importance in light of recent laboratory studies showing that avitaminosis B predisposes to certain gastro-intestinal disorders. Apropos of this, Cowgill says, "Gastric ulcer is another disorder which can conceivably be related to vitamin B deficiency. Insofar as the treatment of this condition usually involves a marked restriction of diet the occurrence of at least a moderate shortage of this vitamin is by no means unlikely. Obviously the length of the period of dietary restriction is an important determining factor. Dalldorf and Kellogg (1931) observed in rats subsisting on carefully controlled diets that the incidence of gastric ulcer was greatly increased in vitamin B deficiency. Observations of this type merit serious consideration."²

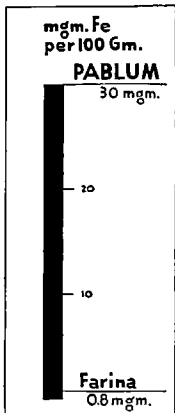
Requiring no further cooking, Pablum is especially valuable during the healing stage of ulcer when the patient is back at work but still requires frequent meals. Pablum can be prepared quickly and conveniently at the office or shop simply by adding milk or cream and salt and sugar to taste. Pablum has the added advantage that it can be prepared in many varied ways—in muffins, mush, puddings, junket, etc. Further, Pablum is so thoroughly cooked that its cereal-starch has been shown to be more quickly digested than that of farina, oatmeal, cornmeal, or whole wheat cooked four hours in a double boiler (studies *in vitro* by Ross and Burrill).

Pablum consists of wheatmeal, oatmeal, cornmeal, wheat embryo, alfalfa, yeast, beef bone, iron salt and sodium chloride.

¹⁻² Bibliography on request.

MEAD JOHNSON & COMPANY, Evansville, Indiana, U. S. A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons



Although Pablum has a low fiber content it is 37 times richer than farina in iron and in calcium, 4 times richer in phosphorus, and 4½ times richer in copper.

NEWS ITEMS

Dr. and Mrs. James H. Egan enjoyed a motor trip recently which took them to the Coulee Dam, to Spokane and via the Columbia Highway to the Bonneville Dam and Portland, where they spent several days, making short trips to points of interest in an about the Rose City.

The following men from Tacoma attended the recent meeting of the American College of Surgeons in San Francisco; Dr. D. H. Bell, Dr. S. F. Herrmann, Dr. C. R. McCreery, Dr. R. C. Schaeffer, Dr. H. G. Willard, Dr. E. C. Yoder, Dr. B. A. Brown, Dr. J. S. Davies, Dr. S. M. MacLean and Dr. G. G. R. Kunz. Drs. Bell, Herrmann, McCreery, MacLean and Kunz were accompanied by their wives.

Dr. and Mrs. W. G. Cameron have recently returned from some time spent in Eastern Washington.

Dr. and Mrs. W. B. Penney left on November 2 for a trip to Mexico City. They will be away for several weeks.

Dr. S. M. Creswell has just returned from

Milwaukee, where he attended the meeting of the American Public Health Association, at which Tacoma received high commendation for progress in public health maintenance.

Dr. G. E. Griffith bagged a 325 pound deer on his recent hunting trip in the Okanogan country. He reports that he has been very popular since the news got around.

Dr. D. M. Dayton has been elected president of the Tacoma Rose Society.

Miss Margaret Janes, daughter of Dr. and Mrs. E. W. Janes, spent several weeks with her parents recently.

Dr. and Mrs. H. J. Whitacre left on November 3 for a trip to Mexico City.

The exhibit sponsored by the Health Council at the Jason Lee School during the recent teachers' institute received much favorable comment. The walls of the gymnasium were lined with booths and the demonstrations given aroused a great deal of interest.

Dr. J. F. Steele is back in his office after a hunting trip in the Lake Chelan region. He reports that he killed more birds than deer, however.

UROLOGISTS, both in this country and abroad, have pointed out the beneficial effects which result from the use of **Antiphlogistine** in various affections of the genito-urinary system.

In cases of

Cystitis

Epididymitis

Prostatitis

Inguinal Adenitis

Orchitis

it is a valuable topical application for the relief of inflammation, congestion and pain.

ANTIPHLOGISTINE

The Denver Chemical Mfg. Co.

163 Varick Street New York, N. Y.

Through error the name of Dr. Ray W. Monaghan was given as Robert W. Monaghan in the roster contained in last month's Bulletin.

At the annual meeting of the Industrial Bureau the following directors were elected: Dr. F. R. Maddison, Dr. M. T. Nelsen, Dr. L. J. Hunt, Dr. A. W. Howe, Dr. J. R. Turner and Dr. V. E. Crowe. Holdovers are Dr. L. A. Hopkins, Dr. H. J. Hards, Dr. J. B. Robertson, Dr. T. K. Bowles and Dr. J. A. LaGasa. At the first meeting of the new board of directors Dr. L. A. Hopkins was elected president, Dr. V. E. Crowe vice president and Dr. F. R. Maddison secretary-treasurer.

Dr. H. J. Whitacre has been appointed chairman of the Public Health Committee of the Washington State Planning Council.

Due to the approach of the holiday season the Health Council meetings held each Wednesday in the auditorium in the Medical Arts Building have been discontinued until after the first of the year, also the out-of-town meetings except in Buckley and Sumner, where they will be continued through November.

Dr. and Mrs. A. W. Howe have returned from several weeks spent in the Middle West, where they visited relatives.

Tell your patients about the A. M. A. broadcasts each Tuesday afternoon at 2 o'clock over KOMO. These programs dramatize medical emergencies in a vivid and interesting fashion and, in addition to their health value, are good entertainment. The efforts of the American Medical Association to promote better health and to keep the public reminded of the part played by doctors in health matters merit the support of all medical men.

TACOMA INTERNISTS' SOCIETY

The Tacoma Internists' Society will meet at 6 P. M. on November 19 at the Tacoma General Hospital. The program is as follows: Physiology and Destruction of Blood.....

Dr. F. R. Maddison
Normal Blood Values and Their Physiological VariationsDr. H. J. Hards
Review of Recent Literature on Skin DiseasesDr. S. E. Light

Ergoapiol-(Smith)

A Menstrual Regulator . . .

When the periods are irregular, due to constitutional causes, ERGOAPIOL (Smith) is a reliable prescription. Containing apiol (M.H.S. special) together with ergot, aloin and oil of savin of the highest quality, this preparation effectively stimulates uterine tone and controls menstrual and postpartum bleeding.

In cases of Amenorrhea, Dysmenorrhea, Menorrhagia and Metrorrhagia, Ergoapiol serves as a good uter-

ine tonic and hemostatic. Valuable in obstetrics after delivery of the child and for the menstrual irregularity of the **Menopause**.

Prescribe 1 to 2 capsules 3 or 4 times daily. Supplied only in packages of 20 capsules. Literature on request.

As a safeguard against imposition the letters MHS are embossed on the inner surface of each capsule, visible only when the capsule is cut in half at seam as shown.

MARTIN H. SMITH COMPANY
NEW YORK, N.Y., U.S.A.



Pierce County Medical Society

Medical Arts Bldg.

TACOMA -- WASHINGTON

SEC. 562 P. L. & R.

U. S. POSTAGE

PAID

TACOMA, WASH.

PERMIT NO. 306

Pierce County Medical Society
Randles Medical Arts Bldg.
Tacoma, Wash.

"WHEN, AS AND IF"

the bottle-fed baby exhibits symptoms indicating partial vitamin B deficiency—described by Hoobler as (1) anorexia (2) loss of weight (3) spasticity of arm and legs (4) restlessness, fretfulness (5) pallor, low hemoglobin, etc.—

Dextri-Maltose With Vitamin B may be used in adequate amounts without causing digestive disturbance. This ethically advertised carbohydrate supplies Vitamins B and G, derived from wheat germ and brewers yeast. Physicians who have attempted to make vitamin B additions to the infant's formula but who have been obliged to abandon this due to diarrheas or other unfortunate nutritional upsets will welcome Dextri-Maltose With Vitamin B. This is a tested product with rich laboratory and clinical background and is made by Mead Johnson & Company, a house specializing in infant diet materials.

Not all infants require vitamin B supplements, but when the infant needs additional Vitamin B, this product supplies it together with carbohydrate. In other cases, the carbohydrate of choice is Dextri-Maltose No. 1, 2 or 3.

TACOMA GENERAL HOSPITAL

The regular monthly Clinical Pathological Conferences were resumed on Tuesday, November 5, and will continue the first Tuesday evening of each month thru the winter and spring. Tumor Clinics are held regularly

LIEN & SELVIG

PRESCRIPTION EXPERTS

Free Delivery

MAin 7314

1026 Tacoma Avenue

every Tuesday morning at 9:30 and Medical Clinics meet at the same time on Thursdays. The attendance has been very good at these Clinics, with very fine programs presented.

Mr. Clarence J. Cummings, Superintendent, is now resting and vacationing in and around Los Angeles, California, and according to reports is having a marvelous time. He is expected to return to his office around the first of December.

Dr. B. D. Harrington, Roentgenologist, returned October 16 from a trip East by plane.

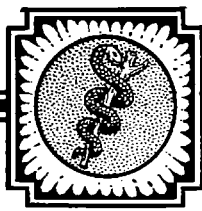
The Senior Class of the School of Nursing enjoyed two very interesting field trips during the past month. The first, October 16, was to the Western State Hospital at Steilacoom, and the second, October 25, to the U. S. Veteran's Hospital at American Lake. At both institutions very fine Clinics were presented, giving the class a wider viewpoint of psychiatric cases.

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Fine Stationery
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TACOMA



BULLETIN

OF THE
PIERCE COUNTY MEDICAL SOCIETY

VOL. V

DECEMBER, 1935

No. 9

PROGRAMS

MEDICAL ARTS BUILDING AUDITORIUM
8 P. M.

DECEMBER 10

- Bone Tumors.....Dr. B. D. Harrington
- Dislocation of Cervical Vertebrae.....Dr. C. D. Hunter
- Congenital Diaphragmatic Hernia.....Dr. W. A. Niethammer

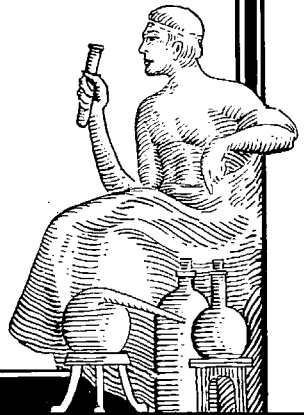
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DECEMBER 24

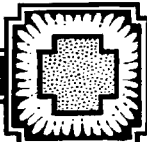
Christmas Eve—No Meeting

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TACOMA, WASHINGTON



ING HUMANITY



THROUGH SCIENCE

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EDITORIAL

At the last meeting of the State Legislature some twenty bills, directed against the present medical practice, were introduced. About twenty more having an indirect bearing on medicine were presented. These bills, with one exception, were killed in committee. It is stated upon good authority that every one of these bills would have passed the legislature, had they been reported out the com-

mittees and been voted upon by the members.

This situation presents nothing new in the annals of legislative history, except that the number of these bills has increased and the likelihood of passage has become more certain. Every session for years past has seen the introduction of measures designed to cripple or hamper medical practice and public health efforts. They have advocated the establishment of various schools of medicine, the opening of the hospitals to all kinds of healing cults, the setting up of diploma mills, the recognition of these cults by the State Industrial Insurance Commission and, above all, the breaking down of the basic science laws.

Social discontent has grown during the past few years and more and more people are willing to listen to the demagogue who promises Utopia and the misinformed sociologist who hopes to re-make the world in a few days. The movements to change the existing order of life have many plausible leaders and strong political organizations are being formed with this aim.

The next session of the legislature will see the same old bills, under some new and deceptive headings. They will be sponsored by the same old crowd, with some additional strength from the honest but misguided and disgruntled. All of those actuated by envy of what privileges are given to the doctor by law, all those who hope to promote some hare-brained dogma of so-called medicine, all those who wish to take money from the pockets of the poor and afflicted and those who would profit by public health, all these will gang together, and, as always before, will work with one common purpose.

These forces have been at work for years, and are active at all times. They are well supplied with money, and are represented by able men. The next legislative session promises to bring their efforts to a climax. It presents a real crisis to scientific medicine. The action taken may well decide the fate of the doctors of this state for the next ten or fifteen years.

It is none too soon to begin the necessary

work to protect the public health and the science of medicine. The doctors should take an active part in the selection of candidates of all parties in the primary elections and be prepared to give substantial support to the proper men in the general elections. The machinery to prevent the introduction of destructive legislation should be in good working order.

Thanks to the efficient work of the Public Health League, the past efforts against medicine have come to naught.

Each year we have been able to maintain our position, but with the coming of hard times the activities of the league were greatly curtailed. Without adequate financial support it was necessary to dispense with the services of the all time, very efficient secretary and to close the reading room and headquarters. The monthly publication was also discontinued. In spite of these handicaps and with very limited means, the league was able to concentrate its efforts to the defeat of obnoxious legislation.

In accordance with action of the house of delegates and trustees of the Washington State Medical Association at their last meeting, the president is engaged in a campaign to raise a defense fund of twenty-five thousand dollars. The plan is to allot one third to the public relations committee, for educational and preliminary work, one third for the Public Health League and the remainder to be kept in the treasury and disbursed when needed by the president and board of trustees.

The question has been raised as to the feasibility of this plan and there has been some criticism of the methods to be employed in doing this work. Everyone may feel assured that in the spending of this money the president and board of trustees may be safely trusted to use it in a wise manner.

The amount being asked of each individual is very small, considering the benefits to be derived. If the amount contributed does no more than restore the Public Health League as an active organization the donors may feel well repaid.

Not so many years ago a large number of

the members of Pierce County Medical Society contributed twenty-five dollars each year for the support of the league. They paid their regular medical dues and another twenty-five dollars to establish and maintain the library. In some years an additional donation of fifty to one hundred dollars was made to carry on advertising in the newspapers.

This program is essentially one which belongs to the younger practitioners. The doctor who has but a few remaining years of practice ahead of him will be little affected and his interest is more altruistic and for the benefit of those who are to practice after him. The younger men must be alert and ready to take hold and not let their future be imperiled without vigorous protest and political action.

When the solicitors call for your contribution be ready with your check or your signature. Do not put it off and ask them to come again. Remember they are giving their time and doing this work not for themselves but for you.

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THE BUSINESS BUREAU

Notwithstanding the continuous change, the kaleidoscopic and many colored facade which a bureaucratic government turns toward us, there remains always in the foreground the problem of the balance which must be struck between the cost of rendering the services and income derived from the services. Under whatever form of organization, people continue to be in need of medical services and the professions which supply these services needs must be fed.

Because of the very rapidly shifting political and economic scenery which serves as a background to the changing plot in this effort is destined to fail. Nothing could be farther from the truth, and especially at this time. Quite the contrary is true. The one non-changing reality behind a sea of alphabetical administration is the relationship between the practitioner and the patient. This relationship has not changed materially although it has been grossly tampered with.

Although astonishing amounts of medical services have been literally given away, sometimes by official agencies, and although a fourth of the population has been unable to meet any of the costs of medical services, still the problem remains in its essentials the same as it has been in the past. The services must be rendered and they must be paid for, and the essential problem is to determine the most expedient means of bringing about this condition.

This problem cannot be solved by placing blame on someone's shoulders, nor can it be escaped by hiding behind a barrage of alphabetical nonsense. The logic inherent in the situation is quite evident when viewed with a long-range perspective; the essential facts are, first, we can not escape from the existing situation including alphabetical government; secondly, we must accommodate ourselves to the situation or make martyrs of ourselves in fighting it.

In conclusion, only one result can be drawn

from the total picture: resistance of interference from outside and an intensive and determined effort to solve our own problem by our own co-operative effort. The co-operative plan in credit and collection management of the Bureau is far from perfect. It is not what anyone would ask for as ideal, but rather what has been possible in the circumstances. It will stand or fall on the co-operation which it receives from the members, and the casual and sometimes uniformed criticism leveled against it only adds to the basis of such criticism.

Patient: "Oh, Doctor, I'm so sick I wish I could die."

Doctor: "Now, brace up, Mrs. Jones. I'll do the best I can for you."

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Mrs. H. B. Allison

Mrs. J. B. Blair of Vancouver, state president of the Auxiliary was a guest of honor at the November meeting of the Pierce County Auxiliary and gave an interesting and stimulating talk, pointing out the problems confronting the medical profession today and stressing the means by which the women may be of service to the profession.

A HYGEIA CHRISTMAS

The Christmas season brings greetings wishing Health and Happiness to Friends and Relatives.

This universal wish may be realized more fully by giving the health information so necessary for the prevention and cure of disease. The busy physician has neither the leisure nor opportunity to explain the many health facts the public needs to know. Lectures on health reach only a few. Exaggerated claims of radio advertising regarding so-called health cures and the misrepresentation of magazine advertising leave many persons befuddled and uncertain as to what to believe regarding health problems.

A magazine giving scientific information in the language of the layman is the best means of giving health education.

Hygeia is such a magazine. From Hygeia the public will learn: (1) That the medical Doctor has made all the great discoveries in the causes, cures and methods of preventions of disease. (2) That careful research is behind every advance in the profession. (3) That the Doctor of Medicine has the scientific attitude of mind which does not adopt mere theories until experimentation and research have proved them sound.

In Hygeia we also find that the qualifications of a Doctor of Medicine are of the highest order and that they themselves set the high standard of their profession.

From Hygeia we learn that certain symp-

The Woman's Auxiliary to the Pierce County Medical Society will hold its December meeting Thursday, December 12, at the home of Mrs. Charles Pascoe, 304 North Stadium Way.

Mrs. W. Weldon Pascoe, president of the Auxiliary will preside at the brief business meeting and the paper of the day will be by Mrs. William McCreery, who will discuss England's Contribution to Medical Science. Mrs. Charles Welker, brilliant soprano, will be heard in a group of the traditional Christmas songs.

The tea hour will follow the program and decorations will carry out the Christmas motif. Assisting with the service will be a group of the Auxiliary members.

toms indicate immediate physical examination by a qualified physician and that frequent examinations are essential.

In Hygeia not only physical but mental problems are discussed, which is helpful in dealing with the social adjustment of both adults and children.

Furthermore, the much debated subjects of vaccination, of vivisection and immunization are explained, so that prejudice and ignorance on these subjects may be removed.

Attractive rates are given for Hygeia subscriptions by obtaining them through the Woman's Auxiliary to the Medical Society.

Make this a Hygeia Christmas by giving yearly subscriptions to friends and relatives, spreading thus the gospel of good health and right living.

Mrs. John Arnason Johnson,
Pierce County Chairman of Hygeia.

Patient: "Do you guarantee results in your nerve treatments, doctor?"

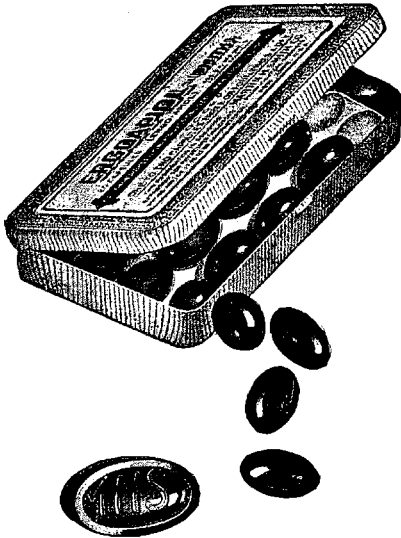
Doctor: "I do. Why, a man came to me for nerve treatment and when I had finished with him he tried to borrow \$50.00."

↑ ↑ ↑

Your doctor leads a strenuous life;
He's working day and night.
He hesitates to go to bed
Or sit down for a bite.
Even big conference football games
He dare not try attend,
For sure as sin
When he gets in
They'll call him out again.

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Physicians throughout the world prescribe ERGOAPIOL (Smith) in the treatment of Amenorrhoea, Dysmenorrhoea, Menorrhagia and Metrorrhagia.

ERGOAPIOL provides symptomatic benefit by stabilizing uterine tone, regulating innervation and controlling bleeding when present. By its corrective action on perverted menstrual function, it simplifies local gynecological treatment. Valuable in obstetrics during the third stage.

Our ethical protective mark MHS embossed on the inside of each capsule, visible only when capsule is cut in half at seam, affords the physician a ready means of determining whether his prescription has been correctly filled.

Dosage: One to two capsules three or four times a day, preferably after meals with a glass of milk or water.

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WHY I AM A MEMBER OF MY COUNTY MEDICAL SOCIETY

1. Because I am proud of my profession, and wish to be associated with the organization which represents that profession in my community, my state, and my country.

2. Because such association shows to the public that I am recognized by my fellow practitioners.

3. Because it is a pleasure to associate with other members of my profession who have a similar pride in their calling and an ambition to live up to its highest ideals.

4. Because the acquaintances and friendships of such men not only make life more pleasant but help me to keep in touch with the most advanced methods of diagnosis and treatment, and with the experiences of others in the trial of new methods. It also helps me to form an accurate opinion of the skill and judgment of my fellow practitioners, and to select intelligently those whom I should wish to call in consultation in time of need.

5. Because I wish to be able to avail myself of the opportunity afforded by the meetings of such organizations to hear the leaders of the different branches and specialties of medicine bring to us the fruits of their experience, and to include in my acquaintance the members of the profession of the other sections of the state and country.

6. Because as members of the profession we have many problems to face, and whether I realize it or not, these problems affect me. In all fields of activity it has been conclusively demonstrated that organized action is infinitely more effective than individual action. Organized medicine is therefore necessary for the solution of my problems.

7. Because in his desire to relieve suffering, every physician is at times placed in a delicate situation as regards the law, and may with the best of intentions violate its letter. The understanding sympathy and support of his fellow-practitioners and organized medicine at such times may be helpful beyond calculation.

8. Because attempts on the part of dissatisfied or unscrupulous patients to profit financially by my actual or fancied mistakes, with coincidental injury to my reputation and standing in the community, can be combatted only by the testimony of my fellow-practitioners, and their acquaintance with me may be of great value in satisfying them with regard to the honesty of my endeavors and the degree of my skill.

9. Because the experience of some twenty-three countries has shown that with the changing social and political conditions and ideas, political action having a drastic effect on the medical profession has been taken with little or no regard to the wishes of that profession. There are indications that the profession may soon have to face a somewhat similar situation. Organized groups control political action. I realize that any efforts we may make to prevent or to guide such action can be effective only if they represent the purposes of the vast majority of the members of the profession, thoroughly organized and acting as a unit.

10. Because in all matters affecting myself and my professional brothers I wish to be considered one of them, to stand shoulder to shoulder with those who are striving for the highest ideals and best interests of our profession, to lend them what support I can, and to feel that I am doing my part without shirking.

*Bulletin of the Los Angeles
County Medical Society.*

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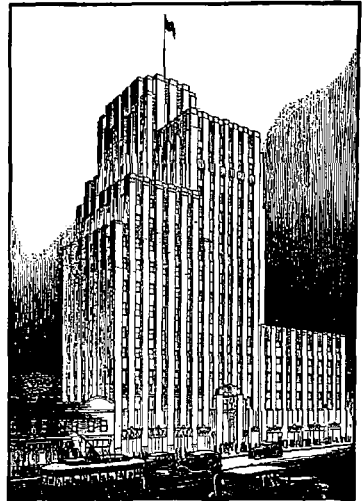
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If this tired, worried, over-worked mother were using Pablum for her babies' cereal feedings, she could have slept that extra much-needed hour instead of losing her temper while her children clamor for breakfast. For she can prepare Pablum in an instant, directly in the cereal bowl, simply by adding water or milk 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.*

Because Pablum 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 better digestion and growth.

*Like Mead's Cereal, Pablum represents a great advance among cereals in that it is richer in a wider variety of minerals (chiefly calcium, phosphorus, iron, and copper), contains vitamins A, B, E, and G, is base-forming and is non-irritating. Added to these special features, it is adequate in protein, fat, carbohydrates, and calories. Pablum consists of wheatmeal, oatmeal, cornmeal, wheat embryo, yeast, alfalfa leaf, beef bone, iron salt and Sodium Chloride.

MEAD JOHNSON & CO., Evansville, Indiana, U.S.A.

Please enclose professional card when requesting samples of Mead Johnson products to cooperate in preventing their reaching unauthorized persons

NEWS ITEMS

Dr. T. K. Bowles spent Thanksgiving with his mother in St. Louis.

✓ ✓ ✓

Dr. and Mrs. M. T. Nelsen are at home after several weeks in the Middle West and East. Visits to clinics in Chicago, Cleveland and Cincinnati were made by Dr. Nelsen.

✓ ✓ ✓

Dr. and Mrs. J. A. Kebo spent the week of Thanksgiving in San Francisco with their daughter, Miss Helen, who is a student this year at the Dominican Convent of San Rafael.

✓ ✓ ✓

Mrs. T. H. Runnalls, of Carbonado, desires to communicate with anyone interested in taking over the practice of her late husband.

✓ ✓ ✓

THE TRUE ECONOMY OF DEXTRI-MALTOSE

It is interesting to note that a fair average of the length of time an infant receives Dextri-Maltose is five months: That these five

months are the most critical of the baby's life: That the difference in cost to the mother between Dextri-Maltose and the very cheapest carbohydrate, at most is only \$6 for this entire period—a few cents a day: That, in the end, it costs the mother less to employ regular medical attendance for her baby than to attempt to do her own feeding, which in numerous cases leads to a seriously sick baby eventually requiring the most costly medical attendance.

✓ ✓ ✓

TACOMA INTERNISTS' SOCIETY

The December meeting will be held on the 17th at 6 P. M., at the Tacoma General Hospital. The program is as follows:

Classification of anemias—Dr. J. R. Turner

Secondary anemias—Dr. J. F. Steele

Review of recent literature on tuberculosis and chest diseases—Dr. R. E. McPhail

✓ ✓ ✓

Prison guard: "I want to report that twelve prisoners have broken out."

Warden: "Sound the alarm, quick!"

Prison guard: "Oh, I called the doctor. It looks like smallpox to me."

PNEUMONIA

THE use of Antiphlogistine is a distinctly advantageous measure to the routine treatment of the pneumonias. Its ability to retain its heat for many hours is a boon both to patient and nurse, as the frequent changing and constant disturbance which ordinary linseed poultice necessitates, is avoided.

Whatever the type, the use of Antiphlogistine in the treatment of the pneumonias is without contraindication.

Sample and Literature on Request

ANTIPHLOGISTINE

The Denver Chemical Mfg. Co.

163 Varick Street New York, N. Y.

ANOTHER TRICK IN THE SAMPLE RACKET

Occasionally we have talked about how the medical profession "puts over" any old product by passing out samples. The practice encourages self-medication and discredits the doctor whose endorsement is implied when he recommends its use. Realizing how pernicious and slipshod this habit is, many doctors remove the label—if it is possible to do so.

The manufacturers certainly prove the fact that their generous supplies of samples come to us through no altruistic motives on their part. Have you noticed the characteristic waxed wrappings, embossed containers, painted labels, and insignias embossed or imprinted upon tablets? Through these designations, any druggist will identify the product immediately and sell it upon demand. The pharmacists are not altogether to blame for counter-prescribing. There has been plenty of it which reverts directly back to the encouragement which we have carelessly given.

Another little trick is now afoot in this sample racket which many of us have not noticed until recently. One of the firms which deluges us with samples sends its alkaline powder in little round cans of a rather characteristic color. The label is removable. Many of us have very cleverly removed the label and handed out a few dozen of these cans to neurotics and dyspeptics and to a few people with hypochlorhydria who could use a little dilute hydrochloric acid to much better advantage. The company is not to be outdone in cleverness and does not propose to have its advertising gesture defeated. Far down in the depths of the fluffy powder is a little cardboard disc with the name of the powder in bold relief. Notice it the next time your wife takes a dose of this particular sample. (If she needs medicine, it's a sure thing she'll get a sample)

Perhaps most of us will continue to be the best salesmen for these firms. Nobody on their payrolls could possibly do them so much good. And it costs us money to do it. Let's buy bigger waste baskets—and use them!

—Colorado Medicine.

GLYKERON

A Bronchial Sedative

Control the cough that weakens your patient.

GLYKERON quickly relieves this distressing symptom because it contains medicinally approved respiratory sedatives.

Your patients with respiratory affections do better when they sleep better—*without coughing.*

GLYKERON is an ethical product in origin, in development and distribution. It deserves your full confidence.



Stimulating Expectorant

GLYKERON loosens the mucus in the bronchial passages and aids in its expulsion.

It lessens the hazard of complications by getting rid of germ-laden secretions.

Prescribe it for the symptom of cough. Very palatable.

GLYKERON now supplied in 4 oz. as well as 16 oz. bottles.

Literature on request

THE NEW 4 OZ. BOTTLE

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TACOMA GENERAL HOSPITAL

Mr. C. J. Cummings, Superintendent, Tacoma General Hospital, is back greeting everyone as usual. To all appearances his vacation was time well spent, and we are so glad to have him back looking so well.

Mrs. Alysse Blancher, Xray technician, is a patient in the hospital recovering from a major operation.

Miss Beryl Luetscher, Obstetrical Supervisor, is leaving December 15th and is to be married soon thereafter. Her future home will be Chicago.

Have you seen the new neon-illuminated, chromium trimmed, doctor's register? It is indeed an addition to the hospital lobby, besides showing so easily whether or not a doctor is in the hospital. The slots to the side of the doctor's name give room for messages being left for the doctor without obscuring his name. The register was designed by Mr. Cummings and he is certainly to be complimented upon the fine piece of work.

The Senior Class has opened up a small candy, etc., store (The Senior Supply) near the Drug Room for the convenience of patients, doctors, visitors or anyone interested. The proceeds will go to the Orthopedic Birthday Club and the Senior Class.

Even though Thanksgiving is over we might say that Tacoma General Hospital is thankful for the increased census recently. It sounds encouraging to hear that reliable authorities

predict that there will be a noticeable rise in business in the next two years. We hope that this will contribute towards making the coming year happier and more successful for all.

In the meantime the Tacoma General Hospital wishes each and every member of the Pierce County Medical Society a—

MERRY CHRISTMAS!



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